MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

09987

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8407 Dixon Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8407 Dixon Avenue

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Morris (Last) Altemus

4. DATE OF DEATH: (Month) Oct (Day) 7 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/31/1896

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vehicle man

10b. KIND OF BUSINESS OR INDUSTRY: Railway Express Co.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edgar Altemus

14. MOTHER'S MAIDEN NAME: Zulama Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW #1

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 8407 Dixon Ave. Mrs. Marion G. Altemus, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | sudden death |
| Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

420.1
440

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jane J. Brockett M.D. Gaithersburg Md 10-7-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 10, 1951 | NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery | LOCATION (City, town, or county) (State): Arlington County Va.

DATE REC'D BY LOCAL REG. 10/9/51 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR ADDRESS: Warner & Humphrey, 8434 Georgia Ave. Silver Spring, Md.

683-506

RECEIVED
OCT 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09988

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 Lanark Way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1420 Meridian Place, N. W.

3. NAME OF DECEASED (Type or Print): (First) Nonie (Middle) A. (Last) Ansley

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/29/1863

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel D. Marsh

14. MOTHER'S MAIDEN NAME: Catherine A. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: 311 Lanark Way — Mr. Fred W. Heine, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 5 days |
| 331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a | (b) Hypertension | ? |
| | (c) | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Arteriosclerosis | ? |

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to 16 Oct, 1951, that I last saw the deceased alive on 15 Oct, 1951, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William D. Aud MD Silver Spring Md 16 Oct 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/18/51

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 10/18/51

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, 8434 Georgia Ave. Silver Spring, Md.

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OCT 22 1951
BUREAU V. S.

ITEM 7: film G136 10-22-51 L (M)

MARYLAND STATE DEPARTMENT OF HEALTH

09989

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (In this place) 4 hrs -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo
STREET ADDRESS (If rural give location) 207 Wellesley Ave.

3. NAME OF DECEASED (Type or Print): (First) Max (Middle) Rudolph (Last) Arnold
4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Aug 19, 1903
9. AGE last birthday: 48 yrs. | If under 1 year: Months 1 | Days 25 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10b. KIND OF BUSINESS OR INDUSTRY: Darby Printing Co.
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Harry C. Arnold
14. MOTHER'S MAIDEN NAME: Elsa Bergmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-38-7628
17. INFORMANT: Brother - George C. Arnold

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock due to 1st 2nd and 3rd degree burns over patients whole body — Interval between onset and death: 8 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last (b) 916.0 1&1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Reported to have been drinking

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home
(CITY OR TOWN) Glen Echo (COUNTY) Mont. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 10-14-51 — 12:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Clothes caught fire while smoking

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Fred J. Boorhaat M.D. (Degree or title) ADDRESS: Gaithersburg Md DATE SIGNED: 10-14-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10-17-51
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Prince George Co., Md.

DATE REC'D BY LOCAL REG. 10.16.51
REGISTRAR'S SIGNATURE: Beasie M. Thompson
21. FUNERAL DIRECTOR: Robert A. Humphrey
ADDRESS: Bethesda, Md.

450-451

VS. A15A

RECEIVED
OCT 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09990

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda,
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burnt Mill Hills
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) H (Last) Atchison

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 10, 1866

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Companion

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hines

14. MOTHER'S MAIDEN NAME: Eleanor Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Burnt Mills Hills, Miss Louise Scanlan, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 10 days |
| 331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a | (b) Hypertension | 10-15 yrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 41, to 6 Oct, 19 51, that I last saw the deceased alive on 6 Oct, 19 51, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE: William D. Aud — (Degree or title) M.D. — ADDRESS: Silver Spring, Md. — DATE SIGNED: 6 Oct 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 9, 1951 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince George County Md.

DATE REC'D BY LOCAL REG.: 10/11/51 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

720-826

VS. A15

RECEIVED
OCT 15 1951
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

09991

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 1 da. 1 hr. 15 min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Chevy Chase; STREET ADDRESS (If rural, give location) 5501 Hanfar Rd.

3. NAME OF DECEASED (Type or Print): (First) LONA (Middle) B. (Last) ATHA

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan 14 1861

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Flamington W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jane W. Brown

14. MOTHER'S MAIDEN NAME: Mary L. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: D. B. Tharp 5501 Hanfar Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema — one week

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocardial faciture

(c) Generalized arterio-sclerosis

450 X
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to October 28 1951, that I last saw the deceased alive on October 28, 1951, and that death occurred at 4.37 A m., from the causes and on the date stated above.

SIGNATURE: Alfred S. Norton (Degree or title) M.D. ADDRESS 546 Maple Ridge Road Bethesda Md. DATE SIGNED 10-29-51

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Removal | 10/29/51 | Bluemont Cemetery | Grafton | W. Va |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/29/51 | Bessie M. Thompson | S. H. Jones Co. | Washington D.C. |

RECEIVED
OCT 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kensington Gardens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Monrgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 512 Maple Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) S. (Last) BAIRD

4. DATE OF DEATH: (Month) Oct. (Day) 4, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 9, 1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months 3, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Smith

14. MOTHER'S MAIDEN NAME: Elizabeth Stuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wm. L. Jobes- 512 Maple Ridge Rd. Beth., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis

44 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 73d (b) Hypertension arterial

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Oct 2, 1951, that I last saw the deceased alive on Oct 2, 1951, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE: Arthur S. Norton M.D. (Degree or title) — ADDRESS: 546 Maple Ridge Road Bethesda md — DATE SIGNED: 10/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/6/51 | NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery | LOCATION (City, town, or county) (State): Fayette Co., Pa.

DATE REC'D BY LOCAL REG. 10/5/51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Robert A. Humphrey | ADDRESS: Bethesda, Md.

RECEIVED
OCT 8 1951
BUREAU V. S.

0999.5

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 1220 Myrtle Avenue

3. NAME OF DECEASED (Type or Print): (First) Judy (Middle) Lynn (Last) Baker

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 2, 1951

9. AGE last birthday: yrs.

If under 1 year: Months / Days: 7 / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Leroy Baker

14. MOTHER'S MAIDEN NAME: Betty Arline Salsbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Father - 1220 Myrtle Ave., Takoma Pk. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

763.5

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 2, 1951, to Oct. 8, 1951, that I last saw the deceased alive on Oct. 2, 1951, and that death occurred at 7 [illegible] p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Belden R. Pepe M.D. ADDRESS: 11502 Grandview Ave, Md. DATE SIGNED: 10/[illegible]/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/10/51 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Prince George's County, Md.

DATE REC'D BY LOCAL REG.: 10/9/51 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Warner Pumphrey, Silver Spring

2C0021231.231

11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3916 Fulton St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Mae (Last) Burnette
4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: April 29 1881
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charlie E Beach
14. MOTHER'S MAIDEN NAME: Alice J. [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mrs. Pearl L. Harrington - same as 1 and 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage, non-traumatic — 15 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 22, 1951, to October 23, 1951, that I last saw the deceased alive on October 22, 1951, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Alfred Bucy, M.D. 2713 Connecticut Ave NW. Washington 7, D.C. October 23, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10/26/51
NAME OF CEMETERY OR CREMATORY: Geo. Washington Mem. Cem.
LOCATION (City, town, or county) (State): Prince Georges Co. Md.

DATE REC'D BY LOCAL REG. 10/24/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR: Geo. L. H. Hines Co.
ADDRESS 2401-14th St. N.W. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 204

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; LENGTH OF STAY (In this place): 18 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 831 Richmond Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring, ; STREET ADDRESS (If rural, give location): 831 Richmond Ave.

3. NAME OF DECEASED (Type or Print): (First) Eula (Middle) Adams (Last) Bates

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 195[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2/10/1898

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.

11. BIRTHPLACE (State or foreign country): Roan County, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Newton Adams

14. MOTHER'S MAIDEN NAME: Elizabeth Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 4836 Brandywine St., NW Mrs. Ernest B. Jones, Washington, D. C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | Found dead in bed |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| 74a | (c) | |

10. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

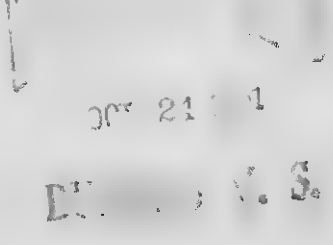
Frank J. Brockhurst M.D. Gaithersburg Md 10-19-51

23. BURIAL, CREMATION REMOVAL (Specify): Trans. & Burial; DATE THEREOF: 10/20/51; NAME OF CEMETERY OR CREMATORY: Oliver Springs Cemetery; LOCATION (City, town, or county) (State): Roane County Tenn.

DATE REC'D BY LOCAL REG.: 10/22/51; REGISTRAR'S SIGNATURE: Frances [illegible]

24. FUNERAL DIRECTOR: [illegible] Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

VS. A15A



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (In this place): 3mo. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
STREET ADDRESS (If rural, give location): 7201 Princeton Ave.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Melvin | Bernard | Benson | 10 | 13 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | May 4, 1885 | 66 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Engineer. Elect. Mechanical Engineer & inventor | | Minneapolis, Minn. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Peare Benson | Jennie Johnson |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | | Hospital Records |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Pulmonary hemorrhage | terminal |
| 163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 472 | (b) II | Pulmonary tuberculosis | 1 yr approx. |
| | (c) | Carcinoma of lung | 1 yr approx. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from July 8, 1951, to Oct 13, 1951, that I last saw the deceased alive on Oct 13, 1951, and that death occurred at 11:15 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank A. Zack | M.D. | 8248 Ga Ave. Silver Spring Md | 10/14/51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Oct 16, 1951 | Leo Washington | Hyattsville | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/15/51 | Amanda Moore | F. Blasche & Sons | Hyattsville Md |
| 10/18/51 | Milton Dodd | | |

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT OF COLUMBIA; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 4616 Verplanck, Place

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| SAMUEL | (N) | BERTOLET | OCTOBER | 7 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | Married | 8-13-10 | 41 yrs. | 1 | 25 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Naval Officer | Naval Officer | PENNSYLVANIA | U.S. |

13. FATHER'S NAME: SAMUEL BERTOLET
14. MOTHER'S MAIDEN NAME: ALEXANDRINE WILSON

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| Yes | | Betsy Bertolet 4616 Verplanck Place NW, Washington, D.C. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1784 Immediate cause (a) SEPTICEMIA, LEUKEMIA

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
51C (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

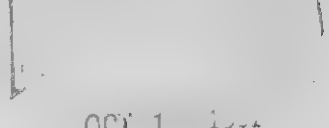
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1951, to Oct. 7, 1951, that I last saw the deceased alive on Oct 7, 1951, and that death occurred at 4:49 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| J. L. FULLING | LT MC USN | U.S. Naval Hospital Bethesda, Md. | 7 October 1951 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 11 Oct. 1951 | Arlington National Cemetery | ARLINGTON VA. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 8 Oct. 1951 | Edith Whittington | R. A. Pumphrey 7557 Wisconsin Ave. Bethesda, Md. |


OCT 1
Bureau V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4818 Woodway Lane, N.W.

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) BON

4. DATE OF DEATH: (Month) October (Day) 29, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 29, 1951

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 01 Min. 05

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Francis J. BON

14. MOTHER'S MAIDEN NAME: Louise CAREY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. - - - - - -

17. INFORMANT AND ADDRESS: Father: Francis J. BON,

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anoxia — Interval Between Onset And Death: 8 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature separation of placenta 761.5

(c) Intrauterine - Live Birth 760.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29, 1951, to Oct. 29, 1951, that I last saw the deceased alive on Oct. 29, 1951, and that death occurred at 3:40 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS DATE SIGNED

L. M. HARRIS, CAPTAIN, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. Oct. 30, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Disposal

DATE THEREOF: Oct. 31, 1951

NAME OF CEMETERY OR CREMATORY: USN Medical School

LOCATION (City, town, or county) (State): Bethesda, Maryland.

DATE REC'D BY LOCAL REG.: Oct. 30, 1951

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: NONE ADDRESS

RECEIVED
NOV 1 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (In this place) 4 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC.; STREET ADDRESS (If rural, give location) 415 Tanragut St. NW.

3. NAME OF DECEASED (Type or Print): (First) Mrs (Middle) (None) (Last) Benas

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1951

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 7-23-79

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Mr. Michaelson

14. MOTHER'S MAIDEN NAME: not given.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Wash Sanitarium.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute Pulmonary Edema | 12 hours |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Acute Myocardial Infarction | 5 days |
| | (c) Hypertensive + Arteriosclerotic C.V. Disease | 5 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Gall Bladder Disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 47 to Oct. 4, 19 51, that I last saw the deceased alive on Oct. 4, 1951, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Benjamin Isaacson, M.D. | 7896 Georgia ave. Silver Spring md. | 10/4/51 |

| 23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| | 10-7-51 | Beth Sholom Mem | Capitol Heights Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-4-51 | [illegible] | B. Danzansky & Son | 3501-11 St NW Wash. D.C. |

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 19300

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hot Shoppe Parking Lot

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) RFD #5, Box. 124 C

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Melvin (Last) Borden

4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 1, 1890

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Mobile, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Ellen Alley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 230-40-2953

17. INFORMANT AND ADDRESS: RFD #5, Box 124 C — Mrs. Albert M. Borden, Alexandria, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden death

420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 14a (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Irvin J. Bozzuto M.D. Gaithersburg Md 10-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF: 10/14/51 — NAME OF CEMETERY OR CREMATORY: Calvary Cemetery — LOCATION (City, town, or county) (State): Queens County N.Y.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Warren & Tennyson 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

10 01

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1514 Seminary Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1514 Seminary Road

3. NAME OF DECEASED (Type or Print): (First) Vernon (Middle) C (Last) Branham
4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 51

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 26, 1889
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denver, Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Branham
14. MOTHER'S MAIDEN NAME: Mary Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: 1514 Seminary Road — Mrs. Elsie H. Branham, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1 94a — death.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ___.*

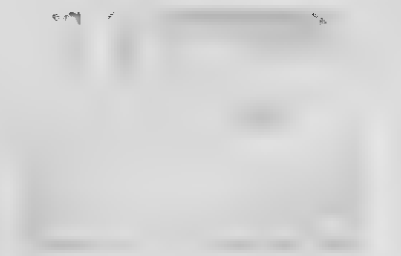
SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Bosshart M.D. — Gaithersburg Md — 10-23-51

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial | DATE THEREOF: 10/26/51 | NAME OF CEMETERY OR CREMATORY: Pine Hill Cemetery | LOCATION (City, town, or county) (State): Buffalo, New York

DATE REC'D BY LOCAL REG. 24 51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS

Warner & Simpson — 8434 Georgia Ave. Silver Spring, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE M COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) GIRL (Last) BROWN

4. DATE OF DEATH (Month) OCTOBER (Day) 10 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-10-51

9. AGE last birthday: yrs. If under 1 year: Months, Days 5; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HARVEY BROWN

14. MOTHER'S MAIDEN NAME: IDA ALICE BELKIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 3 Circle Ave Harvey Brown Potomac HGTS Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cranial-Rachiasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Meningo-encephalocoele

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Octo., 1951, to Oct. 15, 1951, that I last saw the deceased alive on Oct 15, 1951, and that death occurred at 1:30 Am., from the causes and on the date stated above.

SIGNATURE: E. H. Lampe (Degree or title) LTJG MCR USNR ADDRESS U. S. Naval Hospital Bethesda, Md. DATE SIGNED 16 Oct. 1951

23. BURIAL, CREMATION, REMOVAL (Specify) DISPOSAL

DATE THEREOF 15 Octobe 1951

NAME OF CEMETERY OR CREMATORY U.S.Naval Medical School

LOCATION (City, town, or county) BETHESDA, (State) MARYLAND

DATE REC'D BY LOCAL REG. 15 Oct.1951

REGISTRAR'S SIGNATURE Edith Whitney

24. FUNERAL DIRECTOR ADDRESS U.S. Naval Hospital Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 913

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) Rockville.

3. NAME OF DECEASED (Type or Print): (First) Valerous; (Middle) A.; (Last) Brown

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1951

5. SEX female; 6. COLOR OR RACE colored; 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married; 8. DATE OF BIRTH Jan 19, 1886; 9. AGE last birthday 65 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife; 10b. KIND OF BUSINESS OR INDUSTRY home; 11. BIRTHPLACE (State or foreign country) Darnestown, Md; 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Lickles; 14. MOTHER'S MAIDEN NAME Nancy Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no; 16. SOCIAL SECURITY No. none; 17. INFORMANT AND ADDRESS John A. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular Fibrillation Left Ventricular Failure

(c) Hypertensive Cardiovascular Disease

Interval Between Onset and Death: (a) Few hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gall stones Cholecystectomy

19a. DATE OF OPERATION Jan. 12, 1951; 19b. MAJOR FINDINGS OF OPERATION 83 stones; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour); INJURY OCCURRED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1947 to Oct 29, 1951, that I last saw the deceased alive on Oct 29, 1951, and that death occurred at 7:48 P.M., from the causes and on the date stated above.

SIGNATURE: Wesley Sewell, M.D. (Degree or title) ADDRESS Norbeck Md. DATE SIGNED 10.31.51

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial; DATE THEREOF 11/1/51; NAME OF CEMETERY OR CREMATORY Quince orchard; LOCATION (City, town or county) Quince Orchard; (State) Md

DATE REC'D BY LOCAL REG. 11-1-51; REGISTRAR'S SIGNATURE H. Calmfelt; 24. FUNERAL DIRECTOR Robert L. Snowden; ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

RECEIVED
NOV 2 1951
BUREAU V. S.

10004

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont'g
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck
STREET ADDRESS (If rural, give location) R.F.D.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Lloyd | Vernon | Bryan | Oct | 14 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | May 21, 1920 | 31 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Plumber - Geo. Warner | Co. Wash. D.C. | Richmond, Va. | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Joseph Daniel Bryan | Ula Verna Williamson |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| yes W.W. # 2 | ? | Joseph D. Bryan, 2710 2nd. St. S.E. Washington. D.C. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Abdominal hemorrhage due to | sudden |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Shot gun wound | death |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Home | near Damascus | Mont'g. | Md |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|
| Oct 14-51 7 P m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Bosstart M.D. | | Gaithersburg Md | 10-14-51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct. 18, 1951 | Arlington National | Arlington, Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Oct. 15, 1951 | Della N. Burdette | W. W. Chaplin & Friendship Md | |

11-316

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10005

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Montgomery Co MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 510 Albany Ave | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. |
| | STREET ADDRESS (If rural, give location) 510 Albany Ave. |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Emma | M. | Bunting Lam | Oct. | 16. | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| F. | W. | | July 10. 1879 | 72 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Washington D.C | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Stephenson | Emma La Hayne |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| no | — | Mrs. Edmond Henderson - 510 Albany Ave Takoma Park |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Massive Coronary Infarction | |
| 420.1 Antecedent cause(s) | | |
| 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary Arteriosclerosis | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from 6-3, 1948, to 10-16, 1951, that I last saw the deceased alive on 10-16, 1951, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Dean H. Harding | M.D. | 113 Carroll St NW, Wash DC | 10-16-51 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct. 18. 1951 | Arlington Nat Cemetery | Arlington Va |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-16-51 | J. Hilton Dodd | Walsh Funeral Home 7411-13 Ga Ave N.W. | Wash D.C |
| | | D.C. Walsh No. 1486 | Wash D.C |

OCT 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2-4

(M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Colesville
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 2 Box 145 Briggs-Chaney Rd S.S.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Mt'g
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Colesville
STREET ADDRESS (If rural, give location) Rt 2 - Box 145 Briggs-Chaney Rd.

3. NAME OF DECEASED (Type or Print): (First) Mattie (Middle) Louise (Last) Burton

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1951

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: April 17 1889

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Fairland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George S. Jackson

14. MOTHER'S MAIDEN NAME: Martha Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Grace Jackson - Fairland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | one day |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension | 10 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10 1948, to Oct 24, 1951, that I last saw the deceased alive on Sept 20, 1951, and that death occurred at 3 P m., from the causes and on the date stated above. Oct 24, 1951

SIGNATURE (Degree or title): Harry B Orleans M D — ADDRESS: 9500 Colesville Rd, Silver Spring — DATE SIGNED: 10/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 10/27/51 — NAME OF CEMETERY OR CREMATORY: Good Hope — LOCATION (City, town, or county) (State): Colesville, Md

DATE REC'D BY LOCAL REG. 10/29/51 — REGISTRAR'S SIGNATURE: Frances Foltz

24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 1½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): Ager Terrace

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) CABLE

4. DATE OF DEATH: (Month) October (Day) 29, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 27, 1951

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 01½ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles M. CABLE

14. MOTHER'S MAIDEN NAME: Lucille DOUGLASS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: - - - - - - - -

17. INFORMANT AND ADDRESS: Father: Charles M. CABLE,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Immaturity and Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ---

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27, 1951, to Oct. 29, 1951, that I last saw the deceased alive on Oct. 29, 1951, and that death occurred at 12:27 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul KAUFMAN, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. Oct. 29, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Disposal

DATE THEREOF: Oct. 29, 1951

NAME OF CEMETERY OR CREMATORY: U.S. Naval Medical School

LOCATION (City, town, or county) (State): Bethesda, Maryland,

DATE REC'D BY LOCAL REG.: Oct. 29, 1951

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: NONE

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
LENGTH OF STAY (in this place): 34 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON SAN. & HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON.
STREET ADDRESS (If rural, give location): 130 - North Carolina Ave S.E.

3. NAME OF DECEASED (Type or Print): (First) LUCY (Middle) (NMI) (Last) CANNON

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 10-5-92

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CALVERT CO. MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DEWEY HARRISON

14. MOTHER'S MAIDEN NAME: MARY HARDESTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: WASHINGTON SAN & HOSP. RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage & necrosis | 3 mos? |
| Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Metastatic melanoma, multiple, brain. | 3 mos ? |
| | (c) Malignant melanoma, right arm. | 16 mos |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. other small visceral metastases

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1951, to ~~Sept~~ Oct 6, 1951, that I last saw the deceased alive on ~~Sept~~ Oct 5, 1951, and that death occurred at 4:43 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thos. W. Thornton, M.D. ADDRESS: 5510 Edmunds St. N.W. Wash 16 DATE SIGNED: 10/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: Oct 8 1951 NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. LOCATION (City, town, or county) (State): Suitland, Prince Geo. Co. Md.

DATE REC'D BY LOCAL REG. 10-6-51 REGISTRAR'S SIGNATURE: F. Nelson Dodd

24. FUNERAL DIRECTOR: The S. H. Hines Co ADDRESS: 2901-14th St. Washington D.C.

OCT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

**1. PLACE OF DEATH**
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 102 Raymond St.

**3. NAME OF DECEASED** (Type or Print): (First) Charles (Middle) Lyman (Last) Carhart

**4. DATE OF DEATH**: (Month) Oct. (Day) 20 (Year) 1951

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | married | 3-13-1865 | 86 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): minister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lyman B. Carhart
14. MOTHER'S MAIDEN NAME: Ophelia Merle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Alfreda Carhart - 102 Raymond St., Chevy Chase, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| **Immediate cause** | (a) Cerebral Hemorrhage | 4 days |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cardio-vascular-renal disease | 5 yrs. |
| 13/a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1951, to Oct. 20, 1951, that I last saw the deceased alive on Oct. 19, 1951, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE: Sidney Sbarsino (Degree or title): M.D. ADDRESS: 3921 Livingston St. N.W. Wash. D.C. DATE SIGNED: 10-20-51

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| | 10/23/51 | Oak Hill-D.C. | Wash. D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/21/51 | Bessie M. Thompson | Joe T. Birchis Sons | 3034 M St. N.W. Wash. D.C. |

-84-

Bound V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7730 Greenwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural give location) 7730 Greenwood Ave

3. NAME OF DECEASED (Type or Print): (First) MABEL (Middle) E. (Last) CASSELL

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. (SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)):

8. DATE OF BIRTH: March 31, 1897

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: J. D. Cassell

14. MOTHER'S MAIDEN NAME: Mina L. Faulkner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: John W. Cassell, Bro., Neutral, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Partial intest. obstr. - toxemia - Inanition | INANITION 1 week |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) due to General abdominal carcinomatosis of abd | 1 month |
| 17 50 | (c) Probably Secondary to breast Carcinoma | 1 1/2 yrs |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 year ago

19b. MAJOR FINDINGS OF OPERATION: No ca seen at that time

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): 0 (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 yrs 59, to Oct 19, 1957, that I last saw the deceased alive on Today, 19....., and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE: C. W. Wolohan (Degree or title) MD ADDRESS 500 Underwood Was. D.C. DATE SIGNED 10/19/57

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct. 24, 1957

NAME OF CEMETERY OR CREMATORY: Forest Lawn Memorial Cemetery

LOCATION (City, town, or county) (State): Hyattsville, Prince Geo. Co. Md.

DATE REC'D BY LOCAL REG. 10-29-57

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: D. Arthur Metzler ADDRESS 2-4 Carroll St. NW cor 4th

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (In this place) 11 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monta.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) 136 Beverly Rd, Manor Club

OLNEY MD.

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) H (Last) Casson

4. DATE OF DEATH: (Month) October (Day) 4 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11.16.87

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Holton

14. MOTHER'S MAIDEN NAME: Ellen Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Maxillary Sinus. — Interval Between Onset and Death: 3 months.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 10 55d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Oct., 1951, that I last saw the deceased alive on Oct 4, 1951, and that death occurred at 2:25 A.m., from the causes and on the date stated above.

SIGNATURE: Richard Q. Yates (Degree or title) M.D. ADDRESS: Olney, Md. DATE SIGNED: 10-4-51

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial | DATE THEREOF: 10/6/51 | NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery | LOCATION (City, town, or county) (State): Queens County N. Y.

DATE REC'D BY LOCAL REG. Oct 6-51 | REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Warner & Simpkins ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

OCT 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10012

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 44 Bladgan Court, N.W.

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) (n) (Last) CLAGGETT
4. DATE OF DEATH: (Month) October (Day) 24 (Year) 1951

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Negroid | Married | May 15, 1918 | 33 yrs. | 05 | 09 | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Various
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas CLAGGETT
14. MOTHER'S MAIDEN NAME: Frances HOLLIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. - - - - - - -
17. INFORMANT AND ADDRESS: Wife: Elizabeth R. CLAGGETT, 266 W. 153rd Street, New York City, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Edema | 10 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Myocarditis, Etiology undetermined | 3 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1951, to Oct. 24, 1951, that I last saw the deceased alive on Oct. 24, 1951, and that death occurred at 10:25 A m., from the causes and on the date stated above.

SIGNATURE: S. W. Eyer
(Degree or title) S. W. EYER, CDR, MC, USN
ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED Oct. 25, 1951

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct. 29, 1951 | Arlington National | Arlington, Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Oct. 25, 1951 | Edith Wallington | Horton's Funeral Home | 1322 U Street, NW, Washington, D.C. |

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital Bethesda Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina — COUNTY Granville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OXFORD
STREET ADDRESS (If rural, give location) 420 Williamsboro St.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) CLARK (Last) COOPER
4. DATE OF DEATH (Month) October (Day) 7 (Year) 1951
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH (Month, Day, Year) [illegible] 25, 1[illegible]
9. AGE last birthday 69 yrs. If under 1 year: Months 11 Days 13 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NAVAL OFFICER
10b. KIND OF BUSINESS OR INDUSTRY Naval Officer
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME HENRY COOPER
14. MOTHER'S MAIDEN NAME JULIA HOMER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) CIVIL WAR
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS SAMUEL E COOPER ARMY NAVY CLUB Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thrombosis, Cerebral Vessel Due to — 4 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis general

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1951, to Oct 7, 1951, that I last saw the deceased alive on Oct 7, 1951, and that death occurred at 1:07 P m., from the causes and on the date stated above.

SIGNATURE J. M. FLYNN (Degree or title) LT, MC USN ADDRESS U. S. Naval Hospital Bethesda, Md. DATE SIGNED Oct. 7 1951

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF
NAME OF CEMETERY OR CREMATORY OXFORD N.C.
LOCATION (City, town, or county) OXFORD (State) N.C.

DATE REC'D BY LOCAL REG. OCT 8 1951
REGISTRAR'S SIGNATURE Edith Whitington
24. FUNERAL DIRECTOR R. A. Pumphrey ADDRESS 7557 Wisconsin Ave. Bethesda, Md.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1914

## CERTIFICATE OF DEATH

Reg. Dist. No. 214

MONTGOMERY

**1. PLACE OF DEATH:**

County: Pr. Geo. Co.

City or town: Silver Spring

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 hrs.

Hospital, institution, or street address where death occurred: Maple Lane Sanit.

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: VA. County: Arlington

City or town: Arlington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 252 N. Bean St.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

**3.(a) FULL NAME:** ALICE COURTNEY

**3.(b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Fe | W | Single |

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 5-17-1869

8. AGE: Years: 82 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: WASH. D.C. (Town, county, and state)

10. Usual occupation: Seamstress

11. Industry or business:

MOTHER FATHER

12. Name: W.T. Courtney

13. Birthplace: VA.

14. Maiden name: Georgia Narrow

15. Birthplace: MD.

16. Informant: MRS. L. Fowler

Address: 252 N. Bean St. Arl. VA.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11 3 51 (month) (day) (year)

Cemetery or crematory: Glenwood

Location: Washington DC

18. Funeral director: The W.B. Hines Co.

Address: 3901-14th St. N.W.

19. 11/5/51 (Date rec'd by registrar) Frances Potter Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: OCTOBER 31 1951, at 6:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from OCTOBER 30 1951 to OCTOBER 31 1951 and that I last saw h.e.r. alive on OCTOBER 31 1951

| Immediate cause of death | DURATION |
|---|---|
| ACUTE MYOCARDITIS | |
| Due to: GENERAL DEBILITY | |
| Due to: SENILITY | |

Other conditions: 431X

(Include pregnancy within 3 months of death)

Major findings of operations: NONE Date of op.:

Autopsy results: NONE

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Henry Ea Loroden M.D. M. D. or other

Address: 1603 19th St N.W. Washington, D.C. Date signed: 10-31-51

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10015

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; MARYLAND; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5- Oxford St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 15 Oxford St.

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Brown (Last) Dodge

4. DATE OF DEATH: (Month) Oct (Day) 22 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-19-64

9. AGE last birthday: 87 yrs. 4-19-64; If under 1 year: Months 6, Days 3; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mass

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Dodge

14. MOTHER'S MAIDEN NAME: Emma L. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Emily B Stergis (aunt)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death.

794a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection X, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Brockhurst M.D. | Gaithersburg Md | 10-22-57

23. BURIAL, CREMATION, REMOVAL (Specify): CREMATION | DATE THEREOF: Oct. 22 1951 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory | LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. 10/22/57 | REGISTRAR'S SIGNATURE: Carrie M Thompson | 24. FUNERAL DIRECTOR: Joseph Gawlik Sons | ADDRESS: 1756 K Ave, N.W.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

0016

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Michigan — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dearborn
STREET ADDRESS (If rural, give location): 4865 - Helen St.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) (Last) Dryden

4. DATE OF DEATH: (Month) Oct (Day) 28 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Earl Houser. (Dearborn) Mich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) " "

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27/51, 19....., to 10/28....., 19.51....., that I last saw the deceased alive on 10/28/51, 19....., and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Patrick C. Jameson M.D — ADDRESS: 11602 Grove Wheaton, Md — DATE SIGNED: 10/28/51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: 10-28-51 — NAME OF CEMETERY OR CREMATORY: Holland, mich — LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: 10/29/51 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Timothy Hanlon 3831 Georgia Ave. N.W. Washington. D.C.

RECEIVED
NOV 1[illegible] 1951
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please state the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

| | |
|---|---|
| 1. PLACE OF DEATH<br>COUNTY: Montgomery — MARYLAND<br>CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Travilah -Rural<br>LENGTH OF STAY (in this place):<br>HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gaithersburg RFD# 3 | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE: Maryland — COUNTY: Montgomery<br>CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Travilah - Rural<br>STREET ADDRESS (If rural, give location): Gaithersburg RFD#3 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) MARY | (Middle) ELBERTA | (Last) DULEY | 4. DATE OF DEATH | (Month) Oct. | (Day) 25, | (Year) 1951 | | |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Sept. 30, 1894 | 9. AGE last birthday: 57 yrs. | If under 1 year: Months: 0 | Days: 25 | If under 24 hrs.: Hours | Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? US | | | | | | |
| 13. FATHER'S NAME: Martin Whalen | | 14. MOTHER'S MAIDEN NAME: Emily ? | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No.: None | 17. INFORMANT AND ADDRESS: Alice Mills-700 W Montg. Ave. Rockville, Md. | | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart Failure — 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of uterus — 4 years

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: 1949 | 19b. MAJOR FINDINGS OF OPERATION: C A Uterus | 20. AUTOPSY? Yes ☐ No ☒ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from Oct, 1949, to 25 Oct, 1951, that I last saw the deceased alive on 24 Oct, 1951, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| W B Crumpley | MD | Rockville Md | 25 Oct 1951 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10-28-51 | Forest Oak | Gaithersburg, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-26-51 | Helen L. Edwards | Robert A. Crumpley | Bethesda, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH**
COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Naval Hospital Bethesda, Md.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| BABY | BOY | EADS | 10 | 4 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | SINGLE | 10-4-51 | yrs. | | | | 20 |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| | | MARYLAND | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| HAROLD EADS | Louise Bonnycastle Butts |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | | 4811 Chevy Chase Dr. Harolds Eads Chevy Chase, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (20 wks.) — 30 min.

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

159 (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 4 Oct. 1951, to 4 Oct. 1951, that I last saw the deceased alive on 4 Oct. 1951, and that death occurred at 10:00 P m., from the causes and on the date stated above.

SIGNATURE: E. H. [illegible] LTJG MC USN — (Degree or title) — ADDRESS: USNH Bethesda, Maryland — DATE SIGNED: 5 Oct. 1951

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Disposal | 5 Oct. 1951 | USN MEDICAL SCHOOL | BETHESDA, MARYLAND |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS |
|---|---|---|
| 5 October 1951 | [signature] | USN Medical School US Hospital Bethesda, Maryland |

RECEIVED
OCT 8 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Albany Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural, give location) 2016 32nd St. S.E.

3. NAME OF DECEASED (Type or Print): (First) EDYTHE (Middle) KOEHLER (Last) FIELDS
4. DATE OF DEATH (Month) Oct. (Day) 16 (Year) 1951

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| female | white | married | 11/19/78 | 72 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | At Home | Davidsville Pa | U.S.A. |

13. FATHER'S NAME Augustus Koehler
14. MOTHER'S MAIDEN NAME Susan Snavely

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| No | None | None | Robert A. Fields, 2016 32nd St S.E. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

170 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of left breast

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from ~~Oct.~~ Sept. 1 (1951), 19 51, to ~~Oct.~~ Oct. 16, 19 51, that I last saw the deceased alive on ~~Oct.~~ Oct. 12, 19 51, and that death occurred at 3:30 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| J. W. Richardson | M. D. | Washington 20 D.C. | Oct 17 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10/18/51 | | Davidsville Pa. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-17-51 | J. Thos Dodd | W. W. Chambers Co. | 517 11th St. S.E. Wash. D.C. |

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and OR TOWN): Silver Spring (Wheaton)
LENGTH OF STAY (In this place): 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2610 Stanton St.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring (Wheaton)
STREET ADDRESS (If rural, give location): 2610 Stanton St.

**3. NAME OF DECEASED** (Type or Print): (First) James (Middle) Bennett (Last) Fletcher

**4. DATE OF DEATH**: (Month) Oct (Day) 27 (Year) 1951

**5. SEX**: M

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: May 26 1892

**9. AGE** last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Driver

**10b. KIND OF BUSINESS OR INDUSTRY**: Cap. Transit Co.

**11. BIRTHPLACE** (State or foreign country): Va.

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: William Fletcher

**14. MOTHER'S MAIDEN NAME**: Ella Webb

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No

**16. SOCIAL SECURITY NO.**: 578-10-8316

**17. INFORMANT AND ADDRESS**: Edna Fletcher (wife)

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH** — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Coronary occlusion — 1/2 hr.

420.1 / 714 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

**II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

**21. EXTERNAL CAUSE WAS** PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Bouchart M.D. — Hagerstown Md — 10-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 10/30/51 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln 10-30-51 | LOCATION (City, town, or county) (State): Prince Georges Co.

DATE REC'D BY LOCAL REG.: 12/19/51 | REGISTRAR'S SIGNATURE: Frances Fetter

24. FUNERAL DIRECTOR: N.W. Cattorell | ADDRESS: 3619-14th St NW Wash. D.C.

11-30-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 143 Grafton St.

3. NAME OF DECEASED (Type or Print): (First) Lulu (Middle) V. [illegible] (Last) Francis
4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 10-26-65
9. AGE last birthday: 84 yrs. | If under 1 year: Months 0, Days 5 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Winchester, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ira G. Wood
14. MOTHER'S MAIDEN NAME: Elvira Ann Dillard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple contusions & abrasions of thorax - 13 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) arteriosclerotic heart disease with auricular fibrillation - years
(c) malnutrition, senility, fracture of spine with pendulous abdomen years

420.0 Spondylolisthesis 738

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1951, to 10/31, 1951, that I last saw the deceased alive on 10/30, 1951, and that death occurred at 4:00 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frederic Brennwald M.D. Takoma Park 10/31/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 2, 1951
NAME OF CEMETERY OR CREMATORY: Rock Creek
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 11-2-51
REGISTRAR'S SIGNATURE: William Dodd
24. FUNERAL DIRECTOR: Robert C. Lamb
ADDRESS: Bethesda, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: 230 Falls Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville; STREET ADDRESS (If rural, give location): 230 Falls Rd.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) EILEN (Last) FRY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 6, 1859

9. AGE last birthday: 92 yrs.; If under 1 year: Months 1, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spinster

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George M. Fry

14. MOTHER'S MAIDEN NAME: Mary E. Stout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Norman E. Ward- 127 S. Adams St. Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Left ventricular failure | 1 week |
| 422.2 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 92d | (b) Terminal bronchopneumonia | 3 days |
| | (c) Senile degenerative | 6 mos. |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1947, to Oct. 20, 1951, that I last saw the deceased alive on Oct. 19, 1951, and that death occurred at 5:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Lee H. Fortune, M.D. ADDRESS: Rockville, Md. DATE SIGNED: 10/20/51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 10-22-51; NAME OF CEMETERY OR CREMATORY: Rockville Union; LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG.: 10-22-51; REGISTRAR'S SIGNATURE: Helen E. Clarke; 24. FUNERAL DIRECTOR: Robert A. Humphreys; ADDRESS: Bethesda, Md.

OCT 23 1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH 1923

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; MARYLAND; LENGTH OF STAY (In this place) 40 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Summit Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont'g; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; STREET ADDRESS (If rural, give location) 205 Summit Ave

3. NAME OF DECEASED (Type or Print): (First) Edith; (Middle) M.; (Last) Fulks

4. DATE OF DEATH: (Month) Oct; (Day) 7; (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 12 1882

9. AGE last birthday: 68 yrs.; If under 1 year: Months 11, Days 25; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: Home Holder

11. BIRTHPLACE (State or foreign country): Boyds Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Watkins

14. MOTHER'S MAIDEN NAME: Susan Willi[illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Oscar Fulks, Gaithersburg [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage due to Shot | sudden |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Gun wound Thru Skull | death |
| 976 X 164 C | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home; (CITY OR TOWN): Gaithersburg; (COUNTY): Mont'g; (STATE): Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: Oct 7 - 51 - 2.45 P m.; INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? self inflicted Shot Gun wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank C. Bracket M.D.; ADDRESS: Gaithersburg Md; DATE SIGNED: 10-7-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 10/10/51; NAME OF CEMETERY OR CREMATORY: Forest Oak; LOCATION (City, town, or county) (State): Gaithersburg Md

DATE REC'D BY LOCAL REG.: Oct. 8, 1951; REGISTRAR'S SIGNATURE: Oswald L. Wooten

24. FUNERAL DIRECTOR: Ernest C. Gaither; ADDRESS: Gaithersburg Md

0024

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (In this place): 41yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 27 W. Kirke Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 27 W. Kirke Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Laura | Paul | Gardner | October | 5 | 19 51 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | 4-25-1889 | 62 yrs. | 5 | 10 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | xx | Philadelphia, Pa. | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Louis Paul | Mary Albrecht |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| NO | None | Henry A. Gardner-Same as Item# 2 |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Uremia | 7 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardio-und. Vascular-Renal Disease | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes | No XX |
|---|---|---|---|
| | | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Jan. ..., 19 48, to Oct. 5 ..., 1951., that I last saw the deceased alive on Oct. 5, 1951., and that death occurred at 6:40A. m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Lawrence A Royer M.D | 1150 Conn. Ave. N.W. Wash. D.C. | 10/5/51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10-8-1951 | Cedar Hill | Suitland, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/5/51 | [illegible] | Roberts A. Pumphrey | Bethesda, Md. |

10/5/51
Mr Ellicott Office Notified
and will approve

L. A. Rogers

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 7yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 302 ST Lawrence Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 302 St Lawrence Dr.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Tarbert (Last) Gerstmyer

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 4, 1904

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Stock Grower

10b. KIND OF BUSINESS OR INDUSTRY: Army Coal yard

11. BIRTHPLACE (State or foreign country): Towson Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert E. Gerstmyer

14. MOTHER'S MAIDEN NAME: Elsie Tarbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr Robert Gerstmyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Myocarditis — 1 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1940, to Oct 3, 1957, that I last saw the deceased alive on Oct 3, 1957, and that death occurred at 5:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert J McEnery M.D. — 402 Main St Laurel Md — 10/3/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/6/51 — NAME OF CEMETERY OR CREMATORY: Burtonsville Union Cemetery — LOCATION (City, town, or county) (State): Montgomery County Md.

DATE REC'D BY LOCAL REG.: 10-5-51 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey — 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16.

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (in this place): 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY: Stafford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emerton; STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) PIERSON (Last) GILCHRIST

4. DATE OF DEATH: (Month) October (Day) 3, (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1891

9. AGE last birthday: 59 yrs. If under 1 year: Months 10, Days 25; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Milton J. GILCHRIST

14. MOTHER'S MAIDEN NAME: Elizabeth McDUFFIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: - - - - - - -

17. INFORMANT AND ADDRESS: Wife: Ellen Moncure GILCHRIST,

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Myocardial Infarction | 5 days |
| 42 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension | 20+ years |
| 221 | (c) Chronic pyelonephritis | 20+ years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 19 51, to Oct. 3, 19 51, that I last saw the deceased alive on Oct. 3, 19 51, and that death occurred at 12:32 A m., from the causes and on the date stated above.

SIGNATURE: O'Hanian (Degree or title) ADDRESS: D. O'HANIAN, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND DATE SIGNED: Oct. 3, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Oct. 5, 1951; NAME OF CEMETERY OR CREMATORY: AQuia Church Cemetery; LOCATION (City, town, or county) (State): Stafford, Virginia

DATE REC'D BY LOCAL REG.: Oct. 3, 1951; REGISTRAR'S SIGNATURE: Elock Wellington

24. FUNERAL DIRECTOR ADDRESS: Wheeler & Thompson, Fredericksburg, Virginia.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10027

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaner nursing Home 7100 Sycamore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mo Permanent Residence COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) OLIVE (Middle) IONA (Last) GILMORE

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/27/1859

9. AGE last birthday: 91 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Government

10b. KIND OF BUSINESS OR INDUSTRY: Printing Office

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: Sarah Jane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Joseph Henry Shaner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular

442X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal Disease Chronic

1 a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Fall, 1922, to Oct 11, 1951, that I last saw the deceased alive on 10/11, 1951, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Claude C. Merriman M.D.

ADDRESS: 2431 Conn. Ave. N.W. Washington 8 D.C.

DATE SIGNED: 10/11/51

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF: 10/13/51

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.

LOCATION (City, town, or county): St. George's Co.

(State): Md.

DATE REC'D BY LOCAL REG. 10/11/51

REGISTRAR'S SIGNATURE: Thelma Dodd

24. FUNERAL DIRECTOR: W. W. Chambers Co.

ADDRESS: 1400 Varnum St. N.W.

92

12-27.

BURLEIGH V. S.
OCT 16 1941

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Box 568

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| George | B. | Gore | October | 9 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Mins. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | April 10 1880 | 71 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| farmer | own farm | Virginia | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Elisha L. Gore | Mary Racer |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | Hospital Records |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Prostate with Me- — 5 years

(c) tastasis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | Prostatic Hypertrophy Malignant | Yes ☐ No ☒ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| - | - | - | - | - |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| - | - | - | m. | | - |

22. I hereby certify that I attended the deceased from 11/4/, 1947 to 10/9/, 1951, that I last saw the deceased alive on 10/8/, 1951, and that death occurred at 4:20 a. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| J W Bi | MD | Sandy Spring Md | 10/9/51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10/12/51 | Mt Zion Cemetery | Highland Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-11-51 | Gertrude B Lawler | Dewitt Dandridge | Laurel Md |

10-105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital, 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3151 Tennyson St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Green
4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 10-5-1857
9. AGE last birthday: 94 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles C. Anderson
14. MOTHER'S MAIDEN NAME: Acinda Hawley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Daughters - 3151 Tennyson St. N.W.

18. MEDICAL CERTIFICATION

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause | (a) Peritonitis - Gangrene of bowel | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Strangulated Femoral Hernia | 1 week |
| 122 | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

19a. DATE OF OPERATION: 10/13/51
19b. MAJOR FINDINGS OF OPERATION: Gangrene of bowel
20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1951, to 10/16, 1951, that I last saw the deceased alive on 10/15, 1951, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. Edwin McNamara M.D. ADDRESS: 1801 Eye St. N.W. DATE SIGNED: 10/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/18/1951 | NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 10-17-51 | REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: W. H. Hines and Co. ADDRESS

OCT
Bu V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, Md.
LENGTH OF STAY (in this place) 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE 12 COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4702 Navarre Drive

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) None (Last) Halpern
4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4-15-81
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: Argyle Cleaners
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: (Son) Mr. Hymen Halpern - Same address as pt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary occlusion, anterior myocardial | days |
| 20 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) damage - hypertensive cardiovascular dis | years |
| | (c) diabetes mellitus | yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30/51, to 10/1/51, that I last saw the deceased alive on 10/1/51, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederic Breitenwald M.D. ADDRESS Takoma Park DATE SIGNED 10/1/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 10/3/51 | NAME OF CEMETERY OR CREMATORY Ft. G. City | LOCATION (City, town or county) (State) Ft. G. City - Md.

DATE REC'D BY LOCAL REG. Oct 1-1951 | REGISTRAR'S SIGNATURE J. Arthur Dodd | 24. FUNERAL DIRECTOR Goesberg Funeral Home | ADDRESS 417 4½ St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Feeleysville
STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) Ray (Last) HAMILTON

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 10/21/51

9. AGE last birthday: 0 yrs. 0 mos. 4 days

If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Suitland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Wilson Hamilton

14. MOTHER'S MAIDEN NAME: Fannie Mae Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory failure

7/35 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

1572 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Persistent ductus arteriosus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21, 1951, to 10-25, 1951, that I last saw the deceased alive on 10-25, 1951, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John P. Cassidy M.D. 5402 Conn. Ave. 10-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): —

DATE THEREOF: 10-29-51

NAME OF CEMETERY OR CREMATORY: Suburban Hospital

LOCATION (City, town, or county) (State): Bethesda, Md.

DATE REC'D BY LOCAL REG. 10/30/51

REGISTRAR'S SIGNATURE: Bessie M. Hutchison

24. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

RECEIVED
NOV. 1 1951
BUREAU V. S.

Item 9 FilmG137 12/6/51 whw

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

10032

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
LENGTH OF STAY (In this place): 9 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dickerson - R.F.D
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): (First) Harvey (Middle) S (Last) Harris

**4. DATE OF DEATH**: (Month) Oct (Day) 23 (Year) 1951

**5. SEX**: M

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Divorced

**8. DATE OF BIRTH**: March 5-1880

**9. AGE** last birthday: 71 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Farm Owner (Not active)

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13. FATHER'S NAME**: Abraham S. Harris

**14. MOTHER'S MAIDEN NAME**: Mary B Taylor

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT**: Chas H. Jamison

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial insufficiency — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Cerebral Hemorrhages 2/10/50 to 10/23/51 — 331

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☐

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

**22.** I hereby certify that I attended the deceased from Feb-10-, 1950, to Oct-23-, 1951, that I last saw the deceased alive on Oct-22-, 1951, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE: Herman E Hyatt — (Degree or title): M.D. — ADDRESS: 7 Brookmont, Gaithersburg, Md. — DATE SIGNED:

**23.** BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 26-51 — NAME OF CEMETERY OR CREMATORY: Monocacy — LOCATION (City, town, or county) (State): Beallsville, Md

DATE REC'D BY LOCAL REG.: Oct. 25 1951 — REGISTRAR'S SIGNATURE: Amanda Cook

**24. FUNERAL DIRECTOR**: William B Hilton — ADDRESS: Barnesville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 33 216

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6309 Connecticut Ave

**3. NAME OF DECEASED: (Type or Print)** (First) Willie (Middle) (Last) High

**4. DATE OF DEATH:** (Month) 10 (Day) 29 (Year) 1957

**5. SEX:** M

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):**

**8. DATE OF BIRTH:** 2-6-1896

**9. AGE last birthday:** 55 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer

**10b. KIND OF BUSINESS OR INDUSTRY:** Drug Store

**11. BIRTHPLACE** (State or foreign country): Wilson, N.C.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** John High

**14. MOTHER'S MAIDEN NAME:** Theresa Ford

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No

**16. SOCIAL SECURITY NO.:** (If Yes, give war or dates of service) –

**17. INFORMANT & ADDRESS:** Dora High Wife - Same address

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Right Pulmonary Embolus DUE TO | 1 hour |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Chronic Congestive Heart failure DUE TO | Years |
| | (c) | |

I 34.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Cervix –

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes X No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) M.

**INJURY OCCURRED** While at work ☐ Not while at work ☐

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 15 Oct, 19.57, to 29 Oct, 19.57, that I last saw the deceased alive on 28 Oct, 1957, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. B. Munley MD Rockville Md 29 Oct 57

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial

**DATE THEREOF** 11/2/51

**NAME OF CEMETERY OR CREMATORY**

**LOCATION** (City, town, or county) (State) Wilson N.C.

**DATE REC'D BY LOCAL REG.** 10-29-51

**REGISTRAR'S SIGNATURE** Bessie M. Thompson

**24. FUNERAL DIRECTOR** Malvaux Schey Inc. **ADDRESS** 424-R St NW Wash D.C.

9-70-6[illegible]7

MD-99

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NOV 1[illegible] 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (In this place) 5 mos. 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2252 Wash. Ave.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Joseph | B. | Himmelheber | 10 | 22 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Nov. 16 1903 | 48 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Teacher | Own Business | Annapolis, Md. | U. S. A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Charles A. Himmelheber | Ruth Gaither |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | 578-42-3582 | Marion J. Himmelheber, 2252 Washington Ave., Silver Spring, Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia — Interval between onset and death: Four days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 10/21, 1951, to 10/23, 1951, that I last saw the deceased alive on 10/21, 1951, and that death occurred at 2:05 A.m., from the causes and on the date stated above.

SIGNATURE Elizabeth B. Himmelheber (Degree or title) M.D. ADDRESS Rockville DATE SIGNED 10/22/51

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct. 24, 1951 | St. Mary's Catholic Church Cem. | Annapolis, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 10/25/51 | Bessie M. Hoop[illegible] | Warner E. Pumphrey, Silver Spring, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223--

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park | LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 6024 8th St. ✓

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Bertha | None | HocKaday | 10 | 29 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Single | 11-19-88 | 62 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Auditor | | Platts burg, Mo. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| James A. HocKaday | Nannie C. Elliott |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | | Hospital Records |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 170X Immediate cause | (a) Myocardial Hypothrombosis, coll fr of Ca of Left Breast | Unknown |
| 50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Metastatic carcinoma of lungs | 3 years |
| | (c) Neoplasm. | Unknown |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Nov, 19 45, to Oct 29, 19 51, that I last saw the deceased alive on Oct 28, 19 51, and that death occurred at 2 40 Am., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| A. E. Coyne MD | | Takoma Park Md | Oct 29/51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| | 10/31/51 | Cedar Hill Crematory | Washington | D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-29-51 | J. Hutton Dodd | W. R. Huntington & Son | 5122 Lawrence Washington D.C. |

RECEIVED
NOV 19 1951
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 Months 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp. Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) 208 Ball View Blvd

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Eliza | — | Howell | 10 | 9 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | widow | 9-10-88 | 62 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Pinola Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hugh O. Bobb
14. MOTHER'S MAIDEN NAME: Nannie Stone.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 4 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardio-vascular disease | ? |
| | (c) Arthritis deformans | ? |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443 ½
131

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16, 1951, to 10-9, 1951, that I last saw the deceased alive on 10-8, 1951, and that death occurred at 5:10 A. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Paul V. Starr, M.D. | | Takoma Park, Md. | 10-9-51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| | 10-7-51 | | Alexandria, Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/9/51 | C. M. Wood | Demain Funeral Home | Alexandria Va |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10037

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring Md
LENGTH OF STAY (in this place): 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedarcroft Rd

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Washington D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 1909 E. St. nw

**3. NAME OF DECEASED** (Type or Print): (First) H. (Middle) Otto (Last) Jacobs

**4. DATE OF DEATH**: (Month) Oct. (Day) 11 (Year) 1951

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. |
|---|---|---|---|---|---|---|
| M | W. | Widower | Aug. 27-1857 | 94 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Baltimore Md | U.S. |

**13. FATHER'S NAME**: Warens Katy

**14. MOTHER'S MAIDEN NAME**:

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| no | — | Mrs. C. B. Dicke 1909 E St. nw D.C. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility

4500 Antecedent cause(s)

17 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Oct 5, 1951, to Oct 11, 1951, that I last saw the deceased alive on Oct 10, 1951, and that death occurred at 5:05 a.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Richard B Thurnheer MD | Cedarcroft Rd Silver Spring Md | 10-11-51 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Cremation | 10/11/51 | Fort Lincoln Crematory | Prince George Cty | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/11/51 | Francis Potter | H. T. Francis & Son | 14th & Chapin N.W. |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING I... Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) Harriet (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) October (Day) 10 (Year) 195 1

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 3-17-1892
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Adams
14. MOTHER'S MAIDEN NAME: Maria Dowe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia — 5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis Nephritis — 2
61 (c) Diabetes — 2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1/..., 1957, to 10/10..., 1957, that I last saw the deceased alive on 10/9/..., 1957, and that death occurred at 6:45a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M.D. Sandy Spring 10/10/57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/13/57
NAME OF CEMETERY OR CREMATORY Norbeck
LOCATION (City, town, or county) (State) Norbeck, Md.

DATE RECD BY LOCAL REG. Oct 12-57
REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR ADDRESS Robert L. Snowden, Rockville, Md.

OCT 16 19[illegible]
[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; MARYLAND; LENGTH OF STAY (In this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Brook Grove Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 7513 Carroll Avenue; STREET ADDRESS (If rural, give location) Takoma Park

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) GRANT (Last) KEITH

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 13, 1863

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman - Saw Mill Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Speckard, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Stephen Holland Keith

14. MOTHER'S MAIDEN NAME: Mary Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Daughter, Miss Keith 7513 Carroll Av. Tak. Pk. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

93d (c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH: 2/24/57

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1957, to 10/4, 1957, that I last saw the deceased alive on 10/2, 1957, and that death occurred at 3:05 P. m., from the causes and on the date stated above.

SIGNATURE: Howard Moore (Degree or title) Md ADDRESS 7030 Carroll Ave Tak Pk Md DATE SIGNED 10/4/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct 8-57

NAME OF CEMETERY OR CREMATORY: Wyuka Cem

LOCATION (City, town, or county) (State): Lincoln Nebraska

DATE REC'D BY LOCAL REG. Oct 4-57

REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR ADDRESS: J. Arthur Walters, 254 Carroll Ave Tak Pk D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): -
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia — COUNTY: Alexandria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 105 Highview Drive

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) KELLEY
4. DATE OF DEATH: (Month) October (Day) 31, (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 31, 1951
9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hrs. 00 Min. 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John J. KELLEY
14. MOTHER'S MAIDEN NAME: Dorothy MONOHAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: - - - - - - - - -
17. INFORMANT AND ADDRESS: Father: John J. KELLEY, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Atelectasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Immaturity and Prematurity

(c)

762.2
769

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1951, to Oct 31, 1951, that I last saw the deceased alive on Oct. 31, 1951, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): P. KAUFMAN, LT, MCR, USNR
ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED: November 1, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 7, 1951
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REG.: Nov. 1, 1951
REGISTRAR'S SIGNATURE: Elsie Whittington
24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
   LENGTH OF STAY (in this place) 53 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Montgomery
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
   STREET ADDRESS (If rural, give location) 9314 Caroline Ave.

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) J. F. (Last) KELLEY

4. DATE OF DEATH: (Month) October (Day) 6 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1895

9. AGE last birthday: 56 yrs. If under 1 year: Months 10 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Naval Officer

10b. KIND OF BUSINESS OR INDUSTRY: Naval Officer

11. BIRTHPLACE (State or foreign country): CEDAR

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ALFRED KELLEY

14. MOTHER'S MAIDEN NAME: MARY COLLINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Silver Spring Md. Wandy Kelley 9314 Caroline Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

193x

**Immediate cause** (a) Glioblastoma Multiforme left parietal

54a

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 17, 1951, to Oct. 6, 1951, that I last saw the deceased alive on Oct. 6, 1951, and that death occurred at 7:16 P m., from the causes and on the date stated above.

SIGNATURE: E. E. Thomas (Degree or title) LTCC, MC, USN ADDRESS U.S. Naval Hospital Bethesda, Md. DATE SIGNED 8 Oct/ 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 10, 1951 | NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery | LOCATION (City, town, or county): ARLINGTON (State): VA.

DATE REC'D BY LOCAL REG. Oct. 8 1951 | REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: R. A. Phumphrey ADDRESS: Bethesda, Md.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

10842

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby Boy (Middle) (Last) King

4. DATE OF DEATH (Month) October (Day) 19 (Year) 1951

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH October 19, 1951 | 9. AGE last birthday ... yrs. | If under 1 year Months Days | If under 24 hrs. Hours 2 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Albert Horatio Thompson | 14. MOTHER'S MAIDEN NAME Mary Willis King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity 4½ Mos — Interval Between Onset and Death: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) " " "
(c)

M6K 159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — | (COUNTY) — | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19/..., 19..57, to 10/19/..., 19..57, that I last saw the deceased alive on 10/19/..., 19..57, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS Sandy Spring DATE SIGNED 10/19/57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-20-57 | NAME OF CEMETERY OR CREMATORY Layhill | LOCATION (City, town, or county) (State) Layhill Md

DATE REC'D BY LOCAL REG. 10-19-57 | REGISTRAR'S SIGNATURE Gertrude B Fawley | 24. FUNERAL DIRECTOR Robert A Pumphrey | ADDRESS Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3275 Beech St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Thai (Middle) Owen (Last) Koehler

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1-3-1894

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Owen

14. MOTHER'S MAIDEN NAME: Ella J. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: August Koehler - 3275 Beech St. N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Squamous Carcinoma of breast (Left) — Interval between onset and death: 2½ yrs.

170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

50 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1, 1949 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Left Breast. — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 26, 1951, to Oct. 4, 1951, that I last saw the deceased alive on Oct. 3, 1951, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE: Sidney L. Cousens (Degree or title) M.D. ADDRESS: 3921 Dugannon Rd. N.W. Wash. D.C. DATE SIGNED: 10/4/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Oct 6 '51 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. 10/4/51 — REGISTRAR'S SIGNATURE: Vivian [illegible] — 24. FUNERAL DIRECTOR: Jos. F. Birch's Sons — ADDRESS: 3034 M St. N.W.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 8 1958
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (In this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 6511 Brookville Rd.

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Henry (Last) KrasKin

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Hebrew

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9-27-94

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Eye specialist

10b. KIND OF BUSINESS OR INDUSTRY: doctor

11. BIRTHPLACE (State or foreign country): New York, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isadore KrasKin

14. MOTHER'S MAIDEN NAME: Rachel Rosen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval between onset and death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis & Hypertension — 10 days

74a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 3 5, 19 45, to 10-29, 19 51, that I last saw the deceased alive on 10-29, 19 51, and that death occurred at 4:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lute S. Blumenthal M.D. 1601 Argonne Pl. N.W. work D.C. 10-29-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct 30 51

NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cem.

LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: 10-29-51

REGISTRAR'S SIGNATURE: J. Wm. Dodd

24. FUNERAL DIRECTOR: B. Wamsley & Son

ADDRESS: 3501-14th St. N.W. Wash. D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

10045

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4608 W. Virginia Ave.

3. NAME OF DECEASED (Type or Print): (First) ALLISON (Middle) WILMER (Last) LELAND

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 13, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 1, 1890

9. AGE last birthday: 61 yrs. If under 1 year: Months 9, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret- Machinest

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Gov't. Navy Yard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John R. Leland

14. MOTHER'S MAIDEN NAME: Nannie E. Posey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 578-38-7002

17. INFORMANT AND ADDRESS: Susan E. Leland-Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracerebral hemorrhage, due to Hypertension — Interval between onset and death: 2 wks.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca of bladder — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension malignant — 4 yrs

19a. DATE OF OPERATION: 6/4/51

19b. MAJOR FINDINGS OF OPERATION: Ca of bladder

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Oct 13, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE: R. P. Mangiantini (Degree or title) M.D. ADDRESS 1410 Mass Ave N.W. DATE SIGNED 10/13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-16-51 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Prince George, Maryland

DATE REC'D BY LOCAL REG. 10/13/51 | REGISTRAR'S SIGNATURE: Burial Permit Issued

24. FUNERAL DIRECTOR: Robert G. Pumphrey ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg R.F.D. # 1 — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg R.F.D. #
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Milton (Middle) B. (Last) Lewis

4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 15, 1867

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hallie M Lewis (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory failure due to

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage

83a (c) hypertention

INTERVAL BETWEEN ONSET AND DEATH: 4 days / 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 1951, to Oct. 28, 1951, that I last saw the deceased alive on Oct. 29, 1951, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Broschart M.D. Gaithersburg, Md. 10-28-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/31/51 | NAME OF CEMETERY OR CREMATORY: Brooke Grove | LOCATION (City, town, or county): Laytonsville (State): Md.

DATE REC'D BY LOCAL REG.: Oct 31, 1951 | REGISTRAR'S SIGNATURE: Rhoda L. Cooke | 24. FUNERAL DIRECTOR: Robert L. Snowden | ADDRESS: Rockville, Md.

S 20105

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write to the causes of death clearly and legibly.

NOV 5 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) 709 Brent Road

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) Eleanor (Last) Long

4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 8-28-1879

9. AGE last birthday: 72 yrs.; If under 1 year: Months; Days 24; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Adamstown, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Benjamin Snouffer

14. MOTHER'S MAIDEN NAME: Adelaide Sheid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Daughter - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-respir. failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis c. myocardial infarction

944a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1951, to 10/22, 1951, that I last saw the deceased alive on 10/22, 1951, and that death occurred at 4:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen R. Jones, M.D. Rockville, Md. 10/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-25-1951

NAME OF CEMETERY ~~OR CREMATORY~~: Mt. Olivet

LOCATION (City, town, or county) (State): Frederick Maryland

DATE REC'D BY LOCAL REG. 10/23/51

REGISTRAR'S SIGNATURE: Cassie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7950 Carroll Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
STREET ADDRESS (If rural, give location) 1125 Edwards St

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Jay | Carl | Long | Oct | 13 | 1957 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | | Feb 22 1880 | 77 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Carpenter | Carpenter | Ohio | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Cyrus Long | Susanna Van Fossen |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | 402-01-0389 | Mrs Jora Long 1125 Edwards St Dayton Ohio |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia Pneumonia — 1/17/57

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

61 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☒ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from 1/17, 19 57, to 1/13, 19 57, that I last saw the deceased alive on 1/12, 19 57, and that death occurred at 3:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold J. Neu MD 7000 Maple Ave Takoma Park 1/14/57

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct 19, 1957 | Old Ludlow Cemetery | Laura, Miami Co. Ohio. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-15-57 | [illegible] | J. Arthur Walters | 254 Carroll Ave NW |

Takoma Park Dist. No. 34 — Washington 12, D.C.

OCT 17 19[illegible]1
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgom Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Brookville Md | LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Brookville Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Victoria (Last) Lynn

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 24 July 1884 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Montgomery Co. Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Diggs | 14. MOTHER'S MAIDEN NAME: Minnie Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT: Della B Lynn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Hemorrhage — Interval between onset and death: few minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Pulmonary Tbc.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While at Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1939 to Oct 31, 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Victor Newell, MD Norbeck Rd. 10-31-51

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE Nov 3 1951 | NAME OF CEMETERY OR CREMATORY Mt Jerusalem | LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. NOV. 2. 1951 | REGISTRAR'S SIGNATURE Arnold L. Locke | 24. FUNERAL DIRECTOR Roy W Barber | ADDRESS Laytonsville Md

RECEIVED
NOV 5 1971
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 714 Mapleton Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS 714 Mapleton Rd. (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| CLAUDE | WHISSEN | MARTZ | Oct. 2, 1951 19 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Sept. 1, 1885 | 66 yrs. | | 1 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Fruit Grower-Foreman | Fruit Farm | Virginia | US |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Julius J. Martz | Henrietta Whissen |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | yes-unknown | Stella R. Martz - |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary occlusion. | Sudden death |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 420.1 | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|
| | | |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Bouchait | M.D. | Gaithersburg md | 10-2-51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10/5/51 | Potomac Chapel Cem. | Potomac, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | D. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-3-51 | Helen L. Eberfeld | Robert H. Ramsey | Bethesda, Md. |

S. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10051

# CERTIFICATE OF DEATH

Reg. Dist. No. 715

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Rural
LENGTH OF STAY (in this place): 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Naval Hospital Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Va. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Patricia (Middle) Lee (Last) MC GOWAN

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 14 Sept. 1951

9. AGE last birthday: yrs. — If under 1 year: Months / Days: 25 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Arthur James MC GOWAN

14. MOTHER'S MAIDEN NAME: Margaret POLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Arthur Mc Gowan — 2703 S. 9th Street Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atresia of small intestine

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Birth

756.2
157 me

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Sept., 1951, to 8 Oct., 1951, that I last saw the deceased alive on 8 Oct., 1951, and that death occurred at 3:40 A. m., from the causes and on the date stated above.

SIGNATURE: A. J. Canavan

(Degree or title) A. M. C. NON LT, MC, USNR

ADDRESS U. S. Naval Hospital, Bethesda, Md.

DATE SIGNED 9 Oct. 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 10 Oct. 1951

NAME OF CEMETERY OR CREMATORY: Arlington Cemetery

LOCATION (City, town, or county): Arlington (State): Va.

DATE REC'D BY LOCAL REG. 8 Oct. 1951

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: R. A. Pumphrey

ADDRESS: 7537 Wisconsin Ave. Bethesda, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH
COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KENSINGTON
LENGTH OF STAY (in this place): 17 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: FAIR HAVEN REST HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LANDOVER
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) (Last) MC NEALEA

4. DATE OF DEATH: (Month) OCT. (Day) 3 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 3-25-

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): WASHINGTON D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RICHARD COTTEX

14. MOTHER'S MAIDEN NAME: MARY WENIHAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: WM. F. SHEA 433 TENNESSEE AVE. N.W. WASH. D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Chr. Myocardial Degeneration | 15 yrs |
| 420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d | (b) Arteriosclerotic Heart Disease | 15 yrs |
| | (c) Senescence Arteriosclerosis | 15 yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-51, 19..., to 10-3-51, 19..., that I last saw the deceased alive on 9-23-51, 19..., and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE: Landrew Link M.D. (Degree or title) ADDRESS: 360 Butternut St. N.W. Wash DC DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 10 C 51 — NAME OF CEMETERY OR CREMATORY: MT OLIVET CEMETERY — LOCATION (City, town, or county) (State): WASHINGTON D. C.

DATE REC'D BY LOCAL REG. 10/3/51 — REGISTRAR'S SIGNATURE: Francis Cotter

24. FUNERAL DIRECTOR: Francis Rollins — ADDRESS: 3821-14th N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

10053

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Tate
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luray
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Lester (Last) Miller
4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1951

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 3/13/98 | 53 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Night Watchman | Nathan Shapiro Construction | Virginia | U.S.A. |

13. FATHER'S NAME: John M. Miller
14. MOTHER'S MAIDEN NAME: ? Viands

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-10-5068
17. INFORMANT: I. C. Bradley, Luray, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage due to
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last (b) bullet wound in st temple — 13½ hrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Building — (CITY OR TOWN) Silver Spring — (COUNTY) Mont'y — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Self inflicted bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Bourhart | M. D. | Gaithersburg Md | 10-2-51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Removal & Burial | 10/2/51 | Mt. Zion Cemetery | Tate's County | Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/4/51 | Deceased in this office | Warner E. Humphrey | 8434 Georgia Ave. Silver Spring, Md. |

8763-246

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

10051

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Montg Co
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
LENGTH OF STAY (In this place): 78yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Marion (Last) Mills

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 8/1873

9. AGE last birthday: 78 yrs. If under 1 year: Months 1 Days 26 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer at an (work)

10b. KIND OF BUSINESS OR INDUSTRY: By The Day

11. BIRTHPLACE (State or foreign country): United States

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Mills

14. MOTHER'S MAIDEN NAME: Matilda Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Annie Mills. Gaithersburg. Md,

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Coronary occlusion — Found dead in bed

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

H20A
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Boorhart (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 10-4-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 10/5/51 NAME OF CEMETERY OR CREMATORY: Forest Oak LOCATION (City, town, or county) (State): Gaithersburg, Md

DATE REC'D BY LOCAL REG.: Oct 5, 1951 REGISTRAR'S SIGNATURE: Ethelda L Poole

24. FUNERAL DIRECTOR: Ernest C. Gartner. ADDRESS: Gaithersburg...

970-VVV

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1005 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Montgomery

City or town Chevy Chase

(If outside city or town limits, write RURAL and give nearest town)

How long in above place at death? 5 months five years

Hospital, institution, or street address where death occurred:

211- Rosemary St. Ch. Ch. 15, Md.

How long in hospital or institution? none.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase

(If outside city or town limits, write RURAL and give nearest town)

Street No. 211 Rosemary St. Ch. Ch. 15 Md.

(If rural, give LOCATION)

2.(a) If veteran, name war No

**3. (a) FULL NAME** Emmaline Kinsinger Moore

**3. (b) Social Security Number** —

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| F | Wht | widowed. |

6.(b) Name of husband or wife Thomas P. Moore

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 31 1868 ~~1951~~

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 83 | 9 | | ..... hrs. ..... min. |

9. Birthplace Washington D. C.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business none.

MOTHER FATHER

12. Name William Nelson Kinsinger

13. Birthplace Phila Pa.

MOTHER

14. Maiden name Emma Francis Coote

15. Birthplace Alexandria, Va.

16. Informant Mrs. John Boyd Hall (daughter)

Address 211- Rosemary St. Ch. Ch. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-30-51 (month) (day) (year)

Cemetery or crematory Rock Creek cemetery.

Location Wash. D. C.

19. Funeral director J. Frank Joy

Address 5406 Del. ave. N.W. D.C.

19. 10/29 19 51 Bessie Hampton Registrar
(Date rec'd by registrar)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Oct. 28 19 51, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/18/46 19 to 10/28/51 19 and that I last saw h alive on 10/28/51. 19

| Immediate cause of death | DURATION |
|---|---|
| Cardiac Decompensation. | 3 days |
| Due to Myocarditis, arterio Sclerosis | 4 yrs. |
| Due to | |
| Other conditions Chr. Nephritis. | 10 yrs. |

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Jesse A. O'Malley M.D.
M. D. or other

Address 1315-16 m.w.s. Date signed 10/28/51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASH. SAN. & HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
STREET ADDRESS (If rural, give location): 15 LEE AVE

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) DENE (Last) MOORE

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 9/30/51

9. AGE last birthday: yrs. — If under 1 year: Months — Days: 3 — If under 24 hrs.: Hours: 10 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): TAKOMA PARK, MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT E. MOORE JR.

14. MOTHER'S MAIDEN NAME: IVA VAN ANSDELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: FATHER - 15 LEE AVE. TAKOMA PARK, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital heart disease - Opsoclonus group

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30, 19 51, to 10/4, 19 51, that I last saw the deceased alive on 10/4, 19 51, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE: M. D. Moore (Degree or title) — ADDRESS: 918 Ellsworth Dr. Silver Spring Md — DATE SIGNED: 10/5/51

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF: 10-5-51

NAME OF CEMETERY OR CREMATORY: Wash San & Hospital

LOCATION (City, town, or county) (State): Takoma Park Md

DATE REC'D BY LOCAL REG.: 10-5-51

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS:

Wash San & Hospital — Takoma Park Md

Suspension treated by both parents, Thrombosis.

VS. A15

RECEIVED
OCT 8 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Wheaton
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 4822 St. Elmo Avenue

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| William | Thawley | MOYER | Oct | 26 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 6-14-1909 | 42 yrs. | 4 | 12 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Tree Surgeon | Forestry | Bethesda, Maryland | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| George D. Moyer | Anna G. Moyer |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | 225-05-3521 | Item #2 Mrs. Catherine W.Moyer-wife-same as |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Electrocution | Sudden death |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

914.5
.m3

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Street | Silver Spring | Monty | Md |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| Oct 26-51-11:46 a.m. | | Contact with high tention wire |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Boarhart | M.D. | Gaithersburg Md | 10-26-51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 10-29-1951 | Washington Mem. Park | Prince George | Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-29-51 | Virginia Carter | Robert A. Dunphrey | Bethesda, Md. |

649 - 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 27 days!
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 3872 Porter St. NW. COUNTY Wash. D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3872 Porter St. NW.

3. NAME OF DECEASED (Type or Print): (First) Mr. Max (Middle) Hanes (Last) Nannes
4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3-22-76
9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacconist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): New York City
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Caspar Nannes
14. MOTHER'S MAIDEN NAME: Fanny Adelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Chart - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of rectum with liver metastases

1541 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

462 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to October 27, 1951, that I last saw the deceased alive on October 27, 1951, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Alfred Baer, M.D. 2713 Wisconsin Ave NW Wash D.C. October 27, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | Oct 29, 1951 | Beth El Cemetery | Fall River Mass.

DATE REC'D BY LOCAL REG. 10-27-51 | REGISTRAR'S SIGNATURE J. Hilton Dodd

24. FUNERAL DIRECTOR ADDRESS
BERNARD DANZANSKY 3501-14th St WASH D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Mont Gomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Phila. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) Farragut St. N.W.

3. NAME OF DECEASED (Type or Print): (First) ELMA. (Middle) (Last) NYMAN

4. DATE OF DEATH: (Month) Oct (Day) 24 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH:

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Nyman

14. MOTHER'S MAIDEN NAME: Harriet Myers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Brown.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Hypostatic Pneumonia | 8 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinomatosis | 6 mo. |
| | (c) Adenocarcinoma - Breast. | 3 yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1951, to Oct 24, 1951, that I last saw the deceased alive on Oct 17, 1951, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE: Glen Pancoast (Degree or title) ADDRESS: 4000-16th St N.W. Wash. DC. DATE SIGNED: Oct 24 1951

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 10/24/51 — NAME OF CEMETERY OR CREMATORY: Lee's Crematorium — LOCATION (City, town, or county) (State): Wash D.C.

DATE REC'D BY LOCAL REG.: 10-24-51 — REGISTRAR'S SIGNATURE: J. Wilson Dodd — 24. FUNERAL DIRECTOR: Lee Funeral Home — ADDRESS: 300-4th St. N.E. Wash. D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5416 7th Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Matthew (Last) Ohlson

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-16-87

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Ohlson

14. MOTHER'S MAIDEN NAME: Kathryn M. Pherson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs E.G. Mower, 4820 41st N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary infarction — Interval Between Onset and Death: 4 days

420,1 / 940 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1940 to Oct 14, 1951 that I last saw the deceased alive on Oct 14, 1951, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Samuel M Bageant MD Wash. D.C. 10-14-51

23. BURIAL CREMATION REMOVAL (Specify): | DATE THEREOF: 10/12/51 | NAME OF CEMETERY OR CREMATORY: Rock Creek | LOCATION (City, town, or county): Wash. | (State): D.C.

DATE REC'D BY LOCAL REG.: 10/14/51 | REGISTRAR'S SIGNATURE: J. Peter Rodd

24. FUNERAL DIRECTOR: Joseph F. Wade & Son (By Asst. Dir.) ADDRESS: 1034 11th St NW Washington D.C.

17-71

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 916

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 47 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8400 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3126 Riverside Dr.

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) B. (Last) Bampe
4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 23 1877
9. AGE last birthday: 73 yrs. If under 1 year: Months 9, Days 13. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greensboro, Ala
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Chas. P. Stuart
14. MOTHER'S MAIDEN NAME: Mary Linn Lawler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: Jos. D. Stuart, Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Infarction - anterior of heart wall — 2 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 2 days.

(c) Hypertensive Cardio Vascular Disease — 10 yr.

430.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 oct, 1941, to 5 oct, 1951, that I last saw the deceased alive on 5 oct, 1951, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE: John J. Ball — (Degree or title) M.D. — ADDRESS: 7936 Georgetown Rd Bethesda Md — DATE SIGNED: 6 oct 51

23. BURIAL, CREMATION, REMOVAL (Specify): Transit-Burial — DATE THEREOF: 10/6/51 — NAME OF CEMETERY OR CREMATORY: Greensboro Cemetery — LOCATION (City, town, or county) (State): Hale County - Alabama

DATE REC'D BY LOCAL REG. 10/51 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: Bethesda, Md.

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

10062

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2710 Lindell St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
STREET ADDRESS (If rural, give location) 2710 Lindell Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) E (Last) Pettit, Jr.

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 9/16/46

9. AGE Last Birthday: 5 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Glenmont School

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Pettit

14. MOTHER'S MAIDEN NAME: Rita A. Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 2710 Lindell St. Mr. John E. Pettit, Wheaton, Maryland

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tracheo-bronchitis — 6 hrs

501X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

IC (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fred J. Bouchat M.D. Smithsburg Md 10-31-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/3/51 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 11/2/51 | REGISTRAR'S SIGNATURE Frances Tate

24. FUNERAL DIRECTOR ADDRESS Warner E. Pumphrey, 8434 Georgia Ave. Silver Spring, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

10063

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 1013 Woodside Parkway

3. NAME OF DECEASED (Type or Print): (First) Adela; (Middle) W; (Last) Pine.

4. DATE OF DEATH: (Month) October; (Day) 2; (Year) 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/13/1877

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ambrose Jaggard

14. MOTHER'S MAIDEN NAME: Clara Batten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Nicholas G. Frederick, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation — Interval Between Onset and Death: 1-2 yr

443.K Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 752 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (1) Hypertension (4) Arteriosclerosis — ? ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 44, to 2 Oct, 19 51, that I last saw the deceased alive on 2 Oct, 19 51, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William D. Auf M.D. Silver Spring Md 2 Oct 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 10/5/51; NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery; LOCATION (City, town, or county) (State): Prince George County Md.

DATE REC'D BY LOCAL REG. 10-3-51; REGISTRAR'S SIGNATURE: Frances Talbert

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the initials of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 8017 Eastern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna — COUNTY Monty. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Collegeville — STREET ADDRESS (If rural, give location) 13 Glenwood Ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Joseph (Last) Powers

4. DATE OF DEATH: (Month) Oct (Day) 20 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan 14-1889

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco maker

10b. KIND OF BUSINESS OR INDUSTRY: Sup. Tuba Co.

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Powers

14. MOTHER'S MAIDEN NAME: Margaret Sheblin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 166-18-9388

17. INFORMANT AND ADDRESS: Mrs Grace E. Powers (wife)

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Coronary occlusion — Found dead in bed.

**Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Boorhaat M.D. — Gaithersburg Md — 10-20-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 10-21-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Collegeville

DATE REC'D BY LOCAL REG 10/22/51 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS [illegible] 3901-14th St. WASH. D.C.

OCT 24 1

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) R.F.D. #3

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) (Last) Powers

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-15-37

9. AGE last birthday: yrs. | If under 1 year: Months 5 Days 27 | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Powers

14. MOTHER'S MAIDEN NAME: Rita Dove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Purpura Hemorrhagica — Interval between onset and death: 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fred J. Breschart M.D. Gaithersburg Md 10-12-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 10/14/51 | NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery | LOCATION (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REG. 10/13/1951 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

3413

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

10066

Reg. Dist. No. 2-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A1

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 614 Pershing Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 614 Pershing Drive

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Y. (Last) Ray
4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-11-1892
9. AGE last birthday: 59 yrs. | If under 1 year: Months 5 Days 10 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Silver Spring, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roland C. Ray
14. MOTHER'S MAIDEN NAME: Rebecca Cashell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Mary R. Waters-same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of the Esophagus c metastases — 4 mos.

150 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
460 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Stroke — 10 Year

19a. DATE OF OPERATION: July 16, 1951
19b. MAJOR FINDINGS OF OPERATION: Cancer of Esophagus with metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Silver Springs — (COUNTY) Mtgmy — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 19 51, to Oct. 21, 19 51, that I last saw the deceased alive on Oct 21, 19 51, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Morris Perry M.D. — ADDRESS: 8114 N. Hampshire Av. Silver Spring, Md. — DATE SIGNED: October 21, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10-24-1951
NAME OF CEMETERY OR CREMATORY: Woodside Epis. Ch. Cem
LOCATION (City, town, or county) (State): Silver Spring Maryland

DATE REC'D BY LOCAL REG.: 10/22/51
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

OCT 31 1951

DUKLAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Monte Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in hospital) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 917 Flower Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Monte
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 917 Flower Ave

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Elma (Last) Read

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec 7, 1865

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Librarian

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Nelson Porter

14. MOTHER'S MAIDEN NAME: Louise Crast

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs Hazel Rapp, 917 Flower Ave Takoma Pk. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-pneumonia — Interval between onset and death: 48 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral Hemorrhage with
(c) Pharyngeal paralysis — Interval between onset and death: 6 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1951, to Oct 23, 1951, that I last saw the deceased alive on Oct. 22, 1951, and that death occurred at 10:05A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lead. Calvary Chr. — ADDRESS: 7894 Ga. Ave., Silver Spring, Md. — DATE SIGNED: 10-25-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-26-51 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Washington, Wash Co. Pa.

DATE REC'D BY LOCAL REG. 10-23-51 — REGISTRAR'S SIGNATURE: J. Hilton Dodd

24. FUNERAL DIRECTOR: Hilton & Hilton — ADDRESS: 234 Carroll St. NW. Takoma Park 12, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 139 S. Van Buren St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 139 S. Van Buren Street

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) EDGAR (Last) REED
4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 17 1891
9. AGE last birthday: 60 yrs. If under 1 year: Months 0 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Larnestown, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Philip Reed
14. MOTHER'S MAIDEN NAME: Catherine Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. J. Edgar Reed 139 S. VanBuren St., Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure — 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 20 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate — 4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1935, to 24 Oct, 1951, that I last saw the deceased alive on 24 Oct, 1951, and that death occurred at 10:35 P. a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W S Bunting MD Rockville Md 24 Oct 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 1/27/51
NAME OF CEMETERY OR CREMATORY: Rockville Union Ceme.
LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG.: 10-25-51
REGISTRAR'S SIGNATURE: Helen A. Eckenfelder
24. FUNERAL DIRECTOR ADDRESS: Robert L. Turnipseed - Bethesda, Md.

3116-407

10063

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 21-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (in this place): 1 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kensington Gardens Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D C
STREET ADDRESS (If rural, give location): 1673 Columbia Rd N.W. Wash D.C.

3. NAME OF DECEASED (Type or Print): (First) Lotta (Middle) B. (Last) Reinhalter

4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-15-1873

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U-S

13. FATHER'S NAME: John F Brown

14. MOTHER'S MAIDEN NAME: William Emily Traylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Evelyn F. Schweinhart 1620 Fuller St N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 5-7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Generized — yrs

450 0 132 (c) Senility — yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22/51, 19..... to 10/2/51, 19....., that I last saw the deceased alive on 10/2/51, 19....., and that death occurred at 2:25 P. m., from the causes and on the date stated above.

SIGNATURE: Edmund Allen M.D (Degree or title) ADDRESS: Kensington Md DATE SIGNED: 10/2/51

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 10-4-51 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county): West D.C. (State)

DATE REC'D BY LOCAL REG.: Oct 3, 1951 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS: 2901 14th St. N.W. Washington D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (In this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital Beth. Md. | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; STREET ADDRESS (If rural, give location) 2303 North 11th Street |

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | BABY | BOY | REYNOLDS | | Oct. | 3 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | SINGLE | Oct. 1, 1951 | yrs. | | 3 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| | | MARYLAND | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| DOUGLAS J. REYNOLDS | RITA CATHERINE [illegible] |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| NO | | Douglas Reynolds 2303 North 11th Street Arlington, Va. |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Persistent Atelectasis | |
| 762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Immaturity and Prematurity | |
| 1 | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 1 Oct., 1951, to 5 Oct., 1951, that I last saw the deceased alive on 5 Oct., 1951, and that death occurred at 11:36 P.m., from the causes and on the date stated above.

SIGNATURE Paul Kaufman (Degree or title) ADDRESS DATE SIGNED

PAUL KAUFMAN LT, MC, USNR U. S. NAVAL HOSPITAL BETHESDA, Md. 8 Oct. 1951

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| BURIAL | 8 Oct. 1951 | National Memorial Park | FAIRFAX | Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 8 Oct. 1951 | [signature] | JOESPH Gawler's and Sons | Sb. Arl. Va. |

OCT 10 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

60-71

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Monty; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place) 9 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington; STREET ADDRESS (If rural give location) 48 N Bedford St

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Charles | Norman | Rhodes Jr. | Oct | 31 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | married | 4-17-11 | 40 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Engineer | Real Estate contractor | Ala. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Norman Rhodes | Emma Edge |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | | Dorothy J. Rhodes (wife) |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 9 hrs. |
| 331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last 83a | (b) hypertension | 2 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Broschart | M.D. | Fairfax Va | 11-1-51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | Nov. 1st 1951 | | Arlington Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 11/1/51 | Bessie M. Hampton | C. P. Lines | Wash DC. |

5883-VVV

VS. A15A

[illegible]
OV 5 1951
[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 10 hrs. 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Viers Mill Village
STREET ADDRESS (If rural, give location) 4417 Edgebrooke Road

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Mary (Last) Rice
4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct. 8, 1866
9. AGE last birthday: 85 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Wilbur Homiberg
14. MOTHER'S MAIDEN NAME: Mary Katherine ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. Georgie Sharp 4417 Edgebrooke Rd. Viers Mill Village, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-respiratory Failure
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis & cerebral
(c) thrombosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old fracture of left femur

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 51, to 10/14, 19 51, that I last saw the deceased alive on 10/14, 19 51, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stephen N. Jones M.D. Rockville, Md. 10/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 17. 1951
NAME OF CEMETERY OR CREMATORY: Carlisle Cemetery
LOCATION (City, town, or county) (State): Carlisle, Penna.

DATE REC'D BY LOCAL REG. 10/17/51
REGISTRAR'S SIGNATURE: Bessie M. [illegible]
24. FUNERAL DIRECTOR ADDRESS: J. Arthur Walter 254 Carroll Ave. NW

Tuk. Sark. & C.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Old Georgetown Rd

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9011 Linton St.

**3. NAME OF DECEASED** (Type or Print): (First) Louisa (Middle) E. (Last) Richter

**4. DATE OF DEATH**: (Month) 10 (Day) 9 (Year) 1951

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: Dec 28 1915

**9. AGE** last birthday: 35 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): Washington D.C.

**12. CITIZEN OF WHAT COUNTRY?**:

**13. FATHER'S NAME**: Henry W. Evans

**14. MOTHER'S MAIDEN NAME**: Mary Handy

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT AND ADDRESS**:

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

Interval Between Onset and Death

Immediate cause (a) Hypernia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastatic carcinoma

(c)

MIX

**II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death: Recurrent ca of cervix

**19a. DATE OF OPERATION**: 9-1951

**19b. MAJOR FINDINGS OF OPERATION**: Recurrent Squamous Carcinoma

**20. AUTOPSY?** Yes ☑ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from Oct, 1950, to Oct 9, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas C Robbins MD — ADDRESS: 7930 Georgia Ave SS. Md. — DATE SIGNED: 10/7/51

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Cremation | 10/8/51 | Ft. Lincoln Crematory | Prince Geo. County | Md. |

DATE REC'D BY LOCAL REG.: 10/9/51 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Turner & Dumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

OCT 11 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5612 Wisconsin Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3340 Dent Place, N. W.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Ames (Last) Robbins
4. DATE OF DEATH: (Month) October (Day) 23 (Year) 19 51

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 9-18-1873
9. AGE last birthday: 78 yrs. If under 1 year: Months 1, Days 5; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): San Francisco, Calif.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pelham Ames
14. MOTHER'S MAIDEN NAME: Agusta Hooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Rear Adm. T. H. Robbins-Son

18. MEDICAL CERTIFICATION 3340 Dent Place, N.W. Wash. D.C.

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pneumonia | 1 day |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Paralysis Agitans due to | 3 yrs |
| 334 x 070 | (c) Arteriosclerosis, general & cerebral | 3-4 yrs |

19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct., 19 57, to Oct. 23, 19 57, that I last saw the deceased alive on Oct. 23, 19 57, and that death occurred at 4:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert L. Buckhorn, M.D. 2030 "R" St. n.w. D.C. 10/23/57

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: 10-27-1951
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Prince George Co. Maryland

DATE REC'D BY LOCAL REG. 10/24/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

10075

Reg. Dist. No. 212

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dickerson
MARYLAND — LENGTH OF STAY (in this place): 50yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dickerson, Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Franklin (Last) Roberson

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 1951

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 1-1900

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benj - F. Roberson.

14. MOTHER'S MAIDEN NAME: Francis Purdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Iva Roberson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instant

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... — short

911 (c) ... — for some

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title): Frank J. Bouchat M.D. ADDRESS: Smithsburg Md DATE SIGNED: 10-1-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct 4-1951
NAME OF CEMETERY OR CREMATORY: Homecacy
LOCATION (City, town, or county) (State): Beallsville, Md
DATE REC'D BY LOCAL REG.: Oct 2, 1951
REGISTRAR'S SIGNATURE: Charles E. Elgin
24. FUNERAL DIRECTOR: William D Hilton
ADDRESS: Barnesville, Md

1-24-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15)

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Maryland — LENGTH OF STAY (in this place) Lives here
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 3126 Wilson Blvd. Va.

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | John | Jacob | Rothermel | Oct. | 22, | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Widowed | July 29, 1870 | 81 yrs. | | 84 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired - science instructor | | Lancaster, Pennsylvania | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| George Henry Rothermel | Justine Margaret Sehner |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | None | Frank Smith - 4711 Kansas Ave. N.W. D.C. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Paralysis agitans (Parkinsons Disease) — Interval between onset and death: 12 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

350 ℓ
370

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Jul 2 '39 to Oct 22 '51, that I last saw the deceased alive on Oct 22, 1951, and that death occurred at 1:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

K. Winnie Page M.D. (Leesburg Virginia - D.C.) 1150 Conn Ave. Wash. D.C. Oct 24 1951

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Cremation | Oct. 26, 1951 | Cedar Hill Crematory | Suitland, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/24/51 | Eckenfelder | Joseph Taylor & Son | 1756 Pa. Ave., N.W. Washington, D.C. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda

LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda,

STREET ADDRESS (If rural, give location) 8304 Custer Road

| 3. NAME OF DECEASED: (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | Katherine | Hester | Russell | 10 | 30 | 1951 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | W | Wid. [illegible] | 6/13/1902 | 49 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Washington, D. C. | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| William E. Dixon | Margaret A. Garrison |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | none | 1212 Noyes Drive<br>Mrs. Charles T. Williams, Silver Spring, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 5 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) DUE TO Hypertension | Unknown |
| | (c) DUE TO | |

331.4 [illegible]

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| M. | | |

22. I hereby certify that I attended the deceased from 10/25, 1951, to 10/30, 1951, that I last saw the deceased alive on 10/30, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

| SIGNATURE (DEGREE OR TITLE) | ADDRESS | DATE SIGNED |
|---|---|---|
| Freeman N. Gabel M.D. | 8016 Old Georgetown Rd Beth Md | 10/30/51 |

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 11/1/51 | Fort Lincoln Cemetery | Prince Geo County Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 11/2/51 | Bessie M. Thompson | Warner E. Pumphrey | 8434 Georgia Ave. Silver Spring, Maryland |

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the figures of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 mo 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania; COUNTY: Lackawanna
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Throop
STREET ADDRESS (If rural, give location): 829 George Street

3. NAME OF DECEASED (Type or Print): (First) Theodore; (Middle) (none); (Last) SCHWEEN

4. DATE OF DEATH: (Month) October (Day) 22, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Feb. 17, 1932

9. AGE last birthday: 19 yrs. If under 1 year: Months 08 Days 05 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Man

10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Theodore SCHWEEN

14. MOTHER'S MAIDEN NAME: Loretta COSTELLO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - - - - - -

17. INFORMANT: Father: Theodore SCHWEEN, 829 George St., Throop, Penn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Homologosis Serum Jaundice — Interval between Onset and Death: 2 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Blood plasma — 8-17-51

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture left tibia & fibula — 8-17-51

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: U.S. Route 301 (CITY OR TOWN): Upper Marlboro (COUNTY): R.9. (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 17 51 6.57 P. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Struck by passing car

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart (Degree or title): M.D. ADDRESS: Gaithersburg, Maryland DATE SIGNED: October 23, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: Oct. 23, 1951

NAME OF CEMETERY OR CREMATORY: Shady Lane Cemetery

LOCATION (City, town, or county) (State): Chincilla, Pennsylvania

DATE REC'D BY LOCAL REG.: Oct. 23, 1951

REGISTRAR'S SIGNATURE: Earl Whittington

24. FUNERAL DIRECTOR: Robert A. Pumphrey Funeral Home, ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland.

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp-

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY BALTI
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 507 Dogwood Lane

3. NAME OF DECEASED (Type or Print): (First) Pauline (Middle) (Last) Selbicky

4. DATE OF DEATH: (Month) October (Day) 10 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-12-81

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Wash

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis Pfluger

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Thomas H. Monroe - Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

174K

45[illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None -

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 19[illegible], to 10-1[illegible], 19[illegible], that I last saw the deceased alive on 10-1-51, 19[illegible], and that death occurred at 10:00 A.M., from the causes and on the date stated above. 10/10/51

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-12-51

NAME OF CEMETERY OR CREMATORY: Prospect Hill

LOCATION (City, town, or county) (State): Walk, Md.

DATE REC'D BY LOCAL REG. 10-10-51

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: The S. G. Hines Co

ADDRESS: 2901-14th St. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooks Hill | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McArthur Blvd.-Montgomery County

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3717 Albermarle Street, N. W.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| MARGARET | T. | STACK | Oct. | 26 | 19 51 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Single | 5-18-1910 | 41 yrs. | | 9 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Lab.technician-U.S.Public Health | | Syracuse, New York | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Patrick J. Stack | Margaret Matermagan |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | - | Helen M. McGill-3717 Albemarle St. N.W. Wash., D.C. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Drowning (found drowned) | |
| 975X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1641 (b) | | |
| (c) | | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐ |
|---|---|---|
| | | |

| 21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ ~~FATAL OR~~ DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Reservoir | (CITY OR TOWN) Reservoir McArthur Blvd. | (COUNTY) Montgomery | (STATE) Md. |
|---|---|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 26-51 1:25P.m. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? Found drowned | | |

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* X, *homicide* ☐, *undetermined* ☐.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Stanley K. Lineaweaver | 700 Fleet St. Balto. 2, Md. | October 30, 1951 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial-transit | 10-31-51 | St. Paul's New Cem. | Saratoga Co. New York |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/30/51 | Bessie M. Thompson | Roberts A. Humphrey | Bethesda, Md. |

RECEIVED
NOV 1[illegible] 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 401 Mansfield Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 401 Mansfield Road

3. NAME OF DECEASED (Type or Print): (First) ESTELLE (Middle) E. (Last) STERN

4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 25, 1910

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Newark, N. J.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Albert Slegona

14. MOTHER'S MAIDEN NAME: Katherine Lakafski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Chas. G. Stern, 401 Mansfield Rd., S.S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

357X Immediate cause (a) Ascending Paralysis of Landry — Interval Between Onset and Death: 1 hr.

82 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Secondary Anemia — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Calculus Cholycystitis — ?

19a. DATE OF OPERATION: 6-14-51

19b. MAJOR FINDINGS OF OPERATION: Calculus Cholycystitis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 51, to Oct. 3, 19 51, that I last saw the deceased alive on Oct. 2, 19 51, and that death occurred at 6:45 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John R. Duau M.D. 1801 Eye St N.W. 10-3-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial

DATE THEREOF: Oct. 5, 1951

NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

LOCATION (City, town, or county) (State): Fairview, New Jersey

DATE REC'D BY LOCAL REG.: Oct 4 51

REGISTRAR'S SIGNATURE: Frances Miller

24. FUNERAL DIRECTOR: Warner E Humphreys — ADDRESS: Silver Spring, Md.

RECEIVED
OCT - 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8315 - 16th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8315 - 16th Street

3. NAME OF DECEASED (Type or Print): (First) James (Middle) John (Last) Strebig.

4. DATE OF DEATH: (Month) October (Day) 19 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: June 26, 1907

9. AGE last birthday: 44 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Editor

10b. KIND OF BUSINESS OR INDUSTRY: News Paper

11. BIRTHPLACE (State or foreign country): Fort. Wayne, Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Bernard Strebig

14. MOTHER'S MAIDEN NAME: Barbara Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) War Correspondent

16. SOCIAL SECURITY NO. 246-09-2118

17. INFORMANT AND ADDRESS: wife -

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Hepatic Failure - Metastatic Malignancy | 7 Mos. |
| 153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 462 | (b) Carcinoma of Colon | 2½ years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: March 26, 1951 | 19b. MAJOR FINDINGS OF OPERATION: General Abdominal Malignancy | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1949, to Oct. 19, 1951, that I last saw the deceased alive on Oct 18, 1951, and that death occurred at 9:02 A.m., from the causes and on the date stated above.

SIGNATURE: Herbert M. Giffin (Degree or title) M.D. | ADDRESS: 1801 K. St. NW, Wash. D.C. | DATE SIGNED: Oct. 19, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial | DATE THEREOF: 10/22/51 | NAME OF CEMETERY OR CREMATORY: Catholic Cemetery | LOCATION (City, town, or county) (State): Allen County, Indiana

DATE REC'D BY LOCAL REG.: 10/22/51 | REGISTRAR'S SIGNATURE: Frances Fuller | 24. FUNERAL DIRECTOR: Warren E. Dumphrey | ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
OCT 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 8514 Irvington Ave.

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) Kay (Last) Strine

4. DATE OF DEATH: (Month) Oct. (Day) 15, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Feb. 8, 1908

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Geneva, New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse Alvin Kay

14. MOTHER'S MAIDEN NAME: Beulah Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Husband - Fred E. Strine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardio-respiratory Failure | |
| Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Malignancy of breast & ovarian | 1½ years |
| | (c) Metastasis | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept., 1957, to 10/15, 1951, that I last saw the deceased alive on 10/15, 1951, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE: Stephen R. Jones M.D. (Degree or title) ADDRESS: Rockville, Md. DATE SIGNED: 10/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-18-51

NAME OF CEMETERY OR CREMATORY: Arlington National

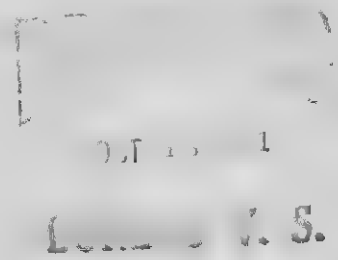
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 10-16-51

REGISTRAR'S SIGNATURE: Bessie M. Thompson Asst.

24. FUNERAL DIRECTOR: Robert G. Dumphrey

ADDRESS: Bethesda, Md.



10084

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
LENGTH OF STAY (in this place): 28 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MONASTERY OF THE VISITATION

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: MARYLAND COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
STREET ADDRESS (If rural give location): 9001 ALBEMARLE RD.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Mary | Antonia | Suit | 10 | 17 | 19 51 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | WHITE | | 6-12-1863 | 88 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| RELIGIOUS | CATHOLIC NUN | MARYLAND | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| WILLIAM SUIT | MARY SHIELDS |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|
| NO | NO. | CONVENT RECORDS |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Arteriosclerosis - Generalized | 15 years |
| 450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 97 | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| No | | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from January, 19 30, to October 17 19 51, that I last saw the deceased alive on October 17, 19 51, and that death occurred at 2:30 P m., from the causes and on the date stated above.

| SIGNATURY (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Michael J. McInerney, M.D. | 1150 - Conn. Avenue Washington D.C. | 10-17-51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 10-18-1951 | CONVENT CEMETERY | BETHESDA, MD. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/18/51 | Essie M. [illegible] | Francis J. Collins | 3821-14th ST. N.W. WASH. D.C. |

1 - Eff.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10085

Reg. Dist. No. 4-Y

ME

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9 45-15M

**1. PLACE OF DEATH:**

County MONTGOMERY

City or town SILVER SPRINGS

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital Institution, or street address where death occurred:

Maple Lane Nursing Home

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State D.C. County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1330 Irving St. N.W. Wash. 10 D.C.

(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** WILLIAM ANDREW SWENK.

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | white | widowed |

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day yr.) 7/12/1869

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 82 | 3 | 2 | hrs. min. |

9. Birthplace Lancaster, Pa. (Town, county, and state)

10. Usual occupation Ret. shoe Dep't manager

11. Industry or business

FATHER 12. Name Andrew Swenk

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Thomas A. Stewart

Address 1330 Irving St. NW Wash. D.C.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 10/17/1951 (month) (day) (year)

Cemetery or crematory Cedar Hill Crematory

Location Prince Georges County, Md.

18 Funeral director Joseph Gawlers Sons

Address 1756 Pa. Ave. NW Wash. D.C.

19. 10/15 1951 Frances Cotter

(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH OCTOBER 14 1951, at 12:19 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1950 to Oct. 14 1951 and that I last saw h.. alive on Oct. 14 1951

Immediate cause of death ACUTE MYOCARDITIS — DURATION

Due to INTESTINAL OBSTRUCTION (PARTIAL)

Due to SENILITY

Other conditions 570.5 (122) (Include pregnancy within 3 months of death)

Major findings of operations NONE Date of op

Autopsy results NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur? NONE (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm Jas Lowder M.D. M. D. or other

Address 1603 19th St. N.W. Date signed 10/14/51

WASHINGTON, D.C.

OCT 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10086

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg; MARYLAND; LENGTH OF STAY (in this place) 5 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Emory Grove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg; STREET ADDRESS (If rural give location) Emory Grove

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1951

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Infant | 8. DATE OF BIRTH Oct 15, 1951 | 9. AGE last birthday: 0 yrs. | If under 1 year: Months 0, Days 0, Hours 0, Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Gaithersburg Md | 12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME — | 14. MOTHER'S MAIDEN NAME Virgie Lee Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Virgie Lee Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature 4½ hrs — Interval Between Onset and Death: —

76X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1951, to Oct 15, 1951, that I last saw the deceased alive on Oct 15, 1951, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD Gaithersburg Oct 15, 1951.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Oct 15, 1951 | NAME OF CEMETERY OR CREMATORY Emory Grove | LOCATION (City, town, or county) (State) Gaithersburg Md.

DATE REC'D BY LOCAL REG. Oct 15 1951 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR ADDRESS David Taylor, Emory Grove, Md

10-15-11-91-10

VS. A15

OCT 17 19[illegible]

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg County Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Rockville R#3 COUNTY Monty Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| FRANK | | THOMAS | Oct | 4 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Colored | W | 14 May 72 | 79 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| NONE | | MARYLAND | U. S |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| BENJAMIN F. THOMAS | MARTHA HOLLAND |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| Unk | — | Howard Thomas (Brother) |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Uraemia | 5 days |
| Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Interstitial Nephritis | 2 |
| 131a | (c) Generalized Sclerosis | 2 |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| — | — | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| — | — | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| — | | | m. | | — |

22. I hereby certify that I attended the deceased from 8/1/51, to 10/4/51, that I last saw the deceased alive on 10/4/51, and that death occurred at 8 19 P.M. m., from the causes and on the date stated above.

SIGNATURE J M Bird (Degree or title) M.D. ADDRESS DATE SIGNED 10/4/51

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| | 10/7/51 | Church Cemetery | Sandy Spring, Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-7-51 | Gertrude B Fawler | R. B. Snowden | Rockville, Md |

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 11 1951
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place) 24 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Mont'y; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 8002 Dallas Ave

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Madora (Last) Thompson

4. DATE OF DEATH: (Month) Oct (Day) 8 (Year) 1951

5. SEX: Fem

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): W

8. DATE OF BIRTH: Feb 5 1869

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Carroll Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: William Hodges

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: William F. Thompson

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage.

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen Arteriosclerosis.

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10/8/51

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Autopsy showed A in pons & left Hemisphere.

19a. DATE OF OPERATION: Aug 9 1951

19b. MAJOR FINDINGS OF OPERATION: Malignancy Ascending colon

20. AUTOPSY? YES X NO

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8, 19..., to 10/8, 1951, that I last saw the deceased alive on 10/8, 1951, and that death occurred at 3:27 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. I. Rosemond, MD ADDRESS: 7030 Carroll Ave Takoma Park, Md DATE SIGNED: 10/8/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 10/11/51

NAME OF CEMETERY OR CREMATORY: Colesville Cemetery

LOCATION (City, town, or county): Montgomery County (State): Md.

DATE REC'D BY LOCAL REG.: 10/10/51

REGISTRAR'S SIGNATURE: Francis Potter

24. FUNERAL DIRECTOR: Edmonston & Sumpkney ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

Released by Dr Bronchart, Coroner, Montgomery County 10/10/51

VS. A15

RECEIVED
OCT 15 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH
COUNTY Montgomery Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney —
LENGTH OF STAY (in this place) 2 hrs 45 m
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Farm Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE 2030 Tunlaw Rd NW COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington — D.C.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mr. Thompson (Middle) W. Towers (Last) Towers
4. DATE OF DEATH (Month) 10 (Day) 15 (Year) 1951

5. SEX Male
6. COLOR OR RACE White —
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 28 1867
9. AGE Last Birthday 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C. —
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Towers —
14. MOTHER'S MAIDEN NAME Miss ? Irving

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wm H. Towers, 2030 Tunlaw Rd NW D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Liver — 2 wks

163K

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

470

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 19 51, to 10/11, 19 51, that I last saw the deceased alive on 10/11, 19 51, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

SIGNATURE M. J. Konowed. (Degree or title)
ADDRESS 3718 Calvert St. NW
DATE SIGNED 10-15-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-17-51
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 10-15-51
REGISTRAR'S SIGNATURE Gertrude D. Lawler
24. FUNERAL DIRECTOR James T. Ryan Inc.
ADDRESS 317 Penna Ave S.E.

OCT 16 1951

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

**1. PLACE OF DEATH:**

County Montgomery

City or town Fairlands (Silver Spring) (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rural - Silver Spring (If outside city or town limits, write RURAL and give nearest town)

Street No. Raby Road - Fairland (If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME** Cora Belle Ullom

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| F | W | M |

6.(b) Name of husband or wife Norval B. Ullom

8.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) APRIL 5 1882

| 8. AGE: Years | Months | Days | If less than one day: hrs. | min. |
|---|---|---|---|---|
| 69 | 6. | 5 | | |

9. Birthplace Mannington Marion Co WV Va. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

MOTHER

12. Name Elias C. Ice

FATHER

13. Birthplace ? W. Va.

MOTHER

14. Maiden name Styles

15. Birthplace Marion County W. Va.

16. Informant Mr. Norval B. Ullom

Address Fairland. Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 13. 1951 (month) (day) (year)

Cemetery or crematory Mannington Cemetery

Location Mannington West Virginia

18. Funeral director J. Luther Shaffer

Address 254 Carroll St. NW. Wash. D.C.

19. [illegible] .19 [illegible] Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 19 51 at 10 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-6 yrs 19 to 10/10/19 51 and that I last saw her alive on almost 10 days 19 51

Immediate cause of death Hemorrhage and bleeding

Due to Carcinoma of the 3-4 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations 0

Date of op.

Autopsy results 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide 0 Date of

Where did injury occur? 0 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) 0

Means of injury Injured at work?

23. SIGNATURE R. N. Wolohan M.D. M. D. or other

Address 501 Underwood St. NW Date signed 10/10/51

This certificate approved by
Dr Frank J. Broschart
Med Exam. Hosp. O.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1969 1

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 714 Ritchie Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 714 Ritchie avenue.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| HELENA | VIRGINIA | UNDERDOWN | Oct. | 27 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | Widowed | Sept. 23. 1869 | 82 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | At Home | Jacksonville, New York | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Sicilian Deder | Unknown. |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | | Ruth Wahlstrom, 714 Ritchie Ave. Sil. Sp. Md. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Congestive heart failure | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) Arteriosclerotic heart disease | 2 years |
| | (c) Auricular fibrillation | one month |

H2O 0
pd

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| — | — | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from August, 1949, to Oct 27, 1951, that I last saw the deceased alive on Oct 27, 1951, and that death occurred at 6:15 a. m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| John A. Portain M.D. | 113 Carroll St. N.W. D.C. | Oct. 27, 1951 |

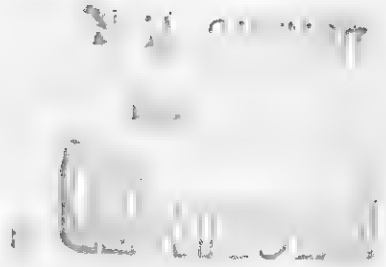
| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct. 30, 1951 | Frumansburg Cemetery | Frumansburg, New York |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10/29/51 | Frances Allen | J. Arthur Gaiters | 254 Carroll St NW Wash. D.C. |

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (In this place) 2 yrs 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8505 Garland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 8505 Garland Ave

3. NAME OF DECEASED (Type or Print): (First) Jerry (Middle) Morton (Last) Vance

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 17, 1897

9. AGE last birthday: 54 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Government

10b. KIND OF BUSINESS OR INDUSTRY: Electrician

11. BIRTHPLACE (State or foreign country): Indianapolis

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Marshall Vance

14. MOTHER'S MAIDEN NAME: Ella Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service) 1917-1919

16. SOCIAL SECURITY NO.

17. INFORMANT: Elinor M. Bohrer (daughter

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | 10 min. |
| 420.1 Antecedent cause(s) | | |
| 61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis Generalized | 10 years. |
| | (c) Coronary Thrombosis | 6 Months |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Diabetes Mellitus | 10 years. |

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 5, 1951, to 18 Oct., 1951, that I last saw the deceased alive on 13 Oct., 1951, and that death occurred at 2 10 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

R. E. Queen M.D. 7112 Willow Ave Takoma Park Md. Oct 18 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)

10-22-51 | Arlington National Cem. | Arlington. | Virginia

DATE REC'D BY LOCAL REG. 10-18-51 | REGISTRAR'S SIGNATURE J. Wm. Redd.

24. FUNERAL DIRECTOR | ADDRESS

C.P. Sass - Arlington Va

515-916 Sass Funeral Home 2847 Wilson Blvd Arlington, Va.

RECEIVED
1901
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY BETHESDA RURAL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 4 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE VA. — COUNTY FAIRFAX
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CENTREVILLE RURAL
STREET ADDRESS (If rural, give location) General Delivery ✓

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) PAUL (Last) Van Dam

4. DATE OF DEATH: (Month) October (Day) 15 (Year) 19 51

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: Feb. 15, 1949

9. AGE last birthday: 2 yrs. — If under 1 year: Months 7, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): HAWAII

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: NORMAN (N.) Van Dam

14. MOTHER'S MAIDEN NAME: GERALDINE STOKES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Norman Van Dam Centreville, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Leukemia, Acute Lymphatic — Interval Between Onset and Death: 1-2 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
204.0
24a
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Oct., 19 51, to 15 Oct., 19 51, that I last saw the deceased alive on 15 Oct., 19 51, and that death occurred at 7:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. M. SEERSTROM LT, MC, USN US Naval Hospital Bethesda, Maryland 16 Oct. 1951

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county): ARLINGTON — (State): VA.

DATE REC'D BY LOCAL REG. 16 Oct. 1951 — REGISTRAR'S SIGNATURE Elsie Worthington

24. FUNERAL DIRECTOR — ADDRESS: EVERLY FUNERAL HOME FAIRFAX, VA.

OCT 17 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash San and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 711 Carroll Ave.

3. NAME OF DECEASED (Type or Print): (First) Carolyn (Middle) (Last) Shaw

4. DATE OF DEATH: (Month) October (Day) 22 (Year) 1951

5. SEX: Fe

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-21-80

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY: Amer.

13. FATHER'S NAME: Dr. G.F. Harding

14. MOTHER'S MAIDEN NAME: Phoebe Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Washington San. Sanitarium and Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) arteriosclerosis — Interval between onset and death: 2 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9, 19 51, to 10/22, 19 51, that I last saw the deceased alive on 10/22, 19 51, and that death occurred at 10:58 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Rev. C. Brummett M.D. ADDRESS: Takoma Park DATE SIGNED: 10/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 25 1951 — NAME OF CEMETERY OR CREMATORY: Mt Lincoln Cemetery — LOCATION (City, town, or county) (State): Silver Spring Md.

DATE REC'D BY LOCAL REG.: 10-23-51 — REGISTRAR'S SIGNATURE: J. Allen Dodd

24. FUNERAL DIRECTOR: Arthur L. Fogg — ADDRESS: 234 Carroll Ave. Takoma Park Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1220 Constitution Avenue, S.E. ✓

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| (none) | (none) | WALLIS | October 31, 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | | Oct. 31, 1951 | 00 yrs. | 00 / 00 | 00 / 42 |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| NONE | - - - - - - | Maryland | US |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Robert L. WALLIS | Ava Lois MORACE |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| NO - - - - - - | - - - - - - - - - | Father: Robert L. WALLIS, |

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Congenital Atelectasis | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Immaturity and Prematurity | |
| | (c) | |

762.5 / 1 / 1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes X No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Oct. 31, 19 51, to Oct. 31, 19 51, that I last saw the deceased alive on Oct. 31, 19 51, and that death occurred at 5:12 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| P. Kaufman | P. KAUFMAN, LT, MCR, USNR | U.S. NAVAL HOSPITAL, BETHESDA, MD. | Nov. 1, 1951 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Disposal | Nov. 1, 1951 | USN Medical School | Bethesda, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Nov. 1, 1951 | Edith Whittington | NONE | |

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NOV 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; MARYLAND; LENGTH OF STAY (In this place) 41 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont'y; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 8707 Ward Place

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Laura (Last) Ward

4. DATE OF DEATH: (Month) Oct (Day) 9 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dawsonville md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Stem

14. MOTHER'S MAIDEN NAME: Elmira Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock due to fracture of

900.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) neck of rt. femur — 41 days

18ba (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-19-51

19b. MAJOR FINDINGS OF OPERATION: Fracture rt femur

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Silver Spring (COUNTY): Mont'y (STATE): md

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 23 - 51 9 a.m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Fell down steps

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Forestal (Degree or title) M.D. ADDRESS: Takoma Park, Md. DATE SIGNED: 10-9-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/13/51 | NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery | LOCATION (City, town, or county): Montgomery County (State): Md.

DATE REC'D BY LOCAL REG.: 10/12/51 | REGISTRAR'S SIGNATURE: J. Pelham Dodd

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIBA

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7300 Baltimore Ave

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) M (Last) White

4. DATE OF DEATH: (Month) Oct (Day) 22 (Year) 195[illegible]

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-23-1866 — 9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wisconsin — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Rice Wilder — 14. MOTHER'S MAIDEN NAME: Lucy Jane Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Mrs Christian 9 Rock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — 1 day

90" Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stroke due to pacemaker exploded — 21 days

1860 (c) Hypostatic pneumonia — 24 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Takoma Park — (COUNTY) Montg — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 1-51 7 P.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Fell in room

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Ernest J. Rossbach M.D. — Gaithersburg Md — 10-22-57

23. REMOVAL (Specify) CREMATION — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial Gaithersburg — Oct-25-57 — Glendale Cem. — Des Moines Iowa

DATE REC'D BY LOCAL REG. 10-22-57 — REGISTRAR'S SIGNATURE J. Hilmon Dodd

24. FUNERAL DIRECTOR — ADDRESS

The S. H. Hines Co. - 2901 14th St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 80 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Naval Hospital Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ATHENS WEST VIRGINIA RURAL
STREET ADDRESS (If rural, give location): RURAL ATHENS WEST VIRGINIA

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | JOE | EDWARD | WITT | | 10 | 4 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | Married | 2 August 1929 | 22 yrs. | 2 | 2 | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charlie Estle Whitt
14. MOTHER'S MAIDEN NAME: Helen White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Ennis White Box 174 Athens, W Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkin's Disease — Interval between onset and death: 5 yrs.

1 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
44 2 —
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 19.51., to 4 October 1951., that I last saw the deceased alive on 4 Oct., 19 51, and that death occurred at 3:05 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): [illegible] REYNOLDS LT, MCR, USNR. — ADDRESS: USNH Bethesda, Maryland — DATE SIGNED: 4 October 1951

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | | ATHENS CEMETERY | ATHENS | WEST VIRGINIA |

DATE REC'D BY LOCAL REG.: 4 Oct. 1951 — REGISTRAR'S SIGNATURE: Elsie Whittington

24. FUNERAL DIRECTOR: Fredekin and Seaver — ADDRESS: Princeton, W Va.

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 10 Mos. 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland (County Montgomery); CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.; STREET ADDRESS (If rural, give location) 712 Marietta Place, N.W.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Bessie | | Wilcox | October | 26 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widow | 10-31-82 | 68 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| School Teacher | Educational | Canada | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Jardan Hawthorne | Sarah Waldron |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | ? | patient |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| Immediate cause (a) Right middle lobe infarction from pulmonary embolism arising from sudden thrombosis of inferior vena cava | 11 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | |
| (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Dec. 12, 1950, to Oct. 26, 1951, that I last saw the deceased alive on Oct 26, 1951, and that death occurred at 9:05 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| De Roi K. Meade | M.D. | 504 Tulip Ave. Takoma Park 12, Md. | |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Oct 29 1951 | Ft. Lincoln Cemetery | Brentwood Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 10-26-51 | J. Milton Dodd | [illegible] | [illegible] |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10100

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 6803 Oak Ridge Rd.
STREET ADDRESS (If rural, give location) Colesville Heights Md.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) E (Last) Wood
4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 8-1-1862
9. AGE last birthday: 89 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): E. Middlebury Vt.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ezra Wood
14. MOTHER'S MAIDEN NAME: Mary Day
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs Grace Sheldon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular accident — 17 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip (L) — 17 days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-25, 1950 to 10-15, 1951, that I last saw the deceased alive on 11-5, 1951, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE: Chas Rogers MD (Degree or title) ADDRESS: 1009 Lamont St. Silver Spring Md. DATE SIGNED: Oct. 15, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 10-15-51 | NAME OF CEMETERY OR CREMATORY: PROSPECT | LOCATION (City, town, or county) (State): EAST MIDDLEBURY VERMONT

DATE REC'D BY LOCAL REG.: 10-15-51 | REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: J. William Lee's Son & Co ADDRESS: 300 - 4½ St NE Wash, D.C.

10-15-51

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OCT 17 1951
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MARYLAND STATE DEPARTMENT OF HEALTH 10101

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 187arragotAve

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 18 Farragut Avenue

3. NAME OF DECEASED (Type or Print): (First) THURMAN (Middle) (Last) WRIGHT
4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 8, 1895
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salem, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Wright
14. MOTHER'S MAIDEN NAME: Effie Fleener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Florence F. Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis acute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Old Coronary Thrombosis with infarction — 3 yrs
(c) Coronary Sclerosis and Essential Hypertension

430.1
714a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to Oct 2, 1951, that I last saw the deceased alive on Oct 2, 1951, and that death occurred at 1 15 P m., from the causes and on the date stated above.
SIGNATURE (Degree or title) E. Herbert Bowersfeld M.D. ADDRESS 1912 R. St N W DATE SIGNED 10/2/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Oct 4 1951 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Ladoga, Indiana (State)

DATE REC'D BY LOCAL REG. 10/4/51 — REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR ADDRESS Joseph Gawler's Sons, 1756 Pa. Ave., N.W., Wash., DC

555-879

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